



MONTEREY COUNTY BEHAVIORAL HEALTH

Avanzando Juntos Forward Together

SUBSTANCE USE DISORDER (SUD) SERVICES

Avatar User Guide

July 2024

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INTRODUCTION AND BASIC FUNCTIONALITY

HOW TO LOG IN TO MYAVATAR

| | |
|-----------------|--|
| LOCATION | DESKTOP ICON |
| PURPOSE | Launches electronic health record, My Avatar. You can customize your home view to quickly see the information you need to manage client care, including upcoming appointments in an easy-to-read calendar and reminders in a To Do list. |
| RULES | <p>Individuals who have been granted access to the electronic health record, must follow all confidentiality policies: state, federal, and County policies.</p> <p>Usernames and Passwords are issued to individuals whose credentialing process has been approved.</p> <p>Usernames and Passwords may never be shared and all precautions to secure username and passwords shall be taken.</p> <p>Passwords are valid for 90-days; you will be prompted to change your password every 90 days, or as applicable.</p> <p>For MCBH employees, your <u>USERNAME</u> is the same as your NTID (how you first log in to your computer)</p> |
| STEPS | <ol style="list-style-type: none">1. Click on the Avatar icon located on your desktop.2. Enter your issued System Code, Username and Password |



AVATAR

NetSmart Technologies Incorporated
Starting, please wait...

A screenshot of the Avatar Sign-in interface. It features the Avatar logo and 'Sign-in' text. Below are fields for 'Server' (Avatar CALPLIVE), 'System Code' (LIVE), 'Username' (USERID), and 'Password' (PASSWORD). There are 'Sign In' and 'Exit' buttons. A green circle with the number '2' is next to the System Code field.

Avatar Sign-in

Server
Avatar CALPLIVE

System Code
LIVE

Username
USERID

Password
PASSWORD

Sign In Exit

Below is a brief description on what an Avatar screen/form may look like.

1. **SECTIONS** are different sections within a form.
2. **REQUIRED FIELDS** will be in red. This means that required information must be completed prior to submitting a form. If a required field is missing, the form will not submit/finalize.
3. **RADIO BUTTONS** will allow for the selection of only one entry. To erase an entry, use the F5 function.
4. **DATE FIELD**: you can press T for today or Y for yesterday.
5. **GRAYED OUT SECTIONS** cannot be changed.
6. **TIME FIELD**: you can press the current button to get the current time.
7. **LIGHT BULBS** contain helpful hints that will help you better understand the question or the type of information.
8. **DROP DOWN MENUS** will only allow you to choose one item.
9. **SEARCH BAR** or Smart Search; will allow you to enter alpha numeric or Text when searching.
10. **PROCESS SEARCH**: once you enter information in a search bar, press this button to process your search.
11. **TEXT EDITOR**: Double click on this icon to open the text editor which will allow you to check for spelling.
12. **TEXT BOX**: this field allows you to enter up to eight (8) pages of information. You may also copy from Microsoft office Word and paste on to this Text box.


The screenshot displays a web-based 'Admission' form with the following elements highlighted by numbered callouts:

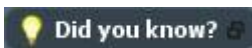
- 1**: The 'Admission' section header in the left sidebar.
- 2**: The 'Episode Number' field, which is red and contains the value '1'.
- 3**: The 'Sex' radio buttons, with 'Male' selected.
- 4**: The 'Date Of Birth' field, showing '07/23/1970' with 'T' and 'Y' buttons.
- 5**: The 'Preadmit/Admission Date' field, showing '07/23/2009' with 'T' and 'Y' buttons.
- 6**: The 'Preadmit/Admission Time' field, showing '02:07 PM' and 'Current' button.
- 7**: The 'Disposition' dropdown menu, which has a lightbulb icon.
- 8**: The 'Client's Living Arrangements' dropdown menu.
- 9**: The 'Admitting Practitioner' search bar, containing 'REQUIRO,RENDELL (000001)'. A search button is to its right.
- 10**: The 'Attending Practitioner' search bar, with a search button to its right.
- 11**: The 'Advanced Directive Note' text editor icon.
- 12**: The 'Admission Note' text box.


DID YOU KNOW

Did You Know section displays:

New Avatar enhancements
Facts that help Staff work faster and efficiently.


Click  to display the next message.



In the  Home View, click a widget to open.

Or select the widget and drag from the Home View tray to open.

Click and drag an open widget to resize.

 Click to float the widget.

 Click to minimize the widget to the Home View tray.

The following buttons display on most Avatar forms.



Closes the form without saving data.



Removes client from the My Clients section, closes any forms associated with the client.



Prints data entered in the form.



Adds the form to the My Forms section.



Adds the client to the My Clients section.

Zooming

Avatar allows Staff to change the size of text and fields in a Form by zooming.

The zoom bar is located at the bottom right of an open Form. There are different ways to zoom:



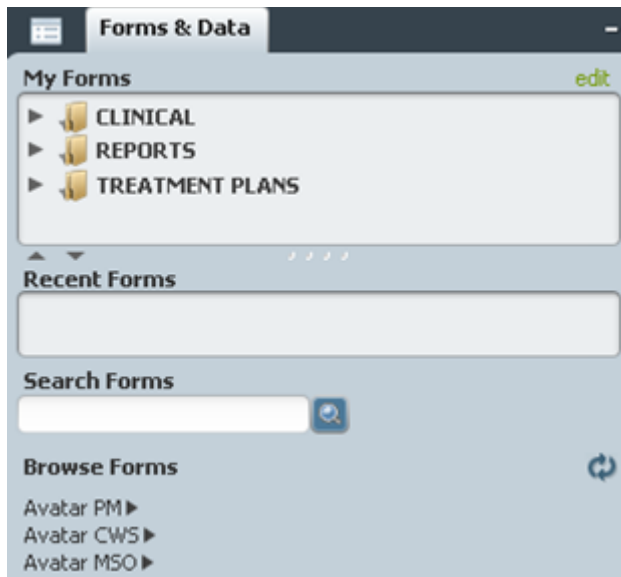
Click and hold the zoom slider.

Click the plus or minus buttons to zoom in or out by 10%.

Click the zoom level to display the Zoom Level screen.

FORMS AND DATA

Forms can be accessed from the Home View using the Forms & Data Widget.



Dragging a form to the My Forms section adds that form as a favorite.

Forms can be accessed from an open form:

Clicking the  icon displays the My Forms screen.

- In the Search Forms field, enter the form name, click enter.
Select the form.
Or click the menu below Browse Forms to navigate to the form.
Click a form to open.
Drag forms to reorder.
- The Recent Forms section displays previous form searches.

Browse Forms

In the Browse Forms section, click a menu heading to navigate to a form.

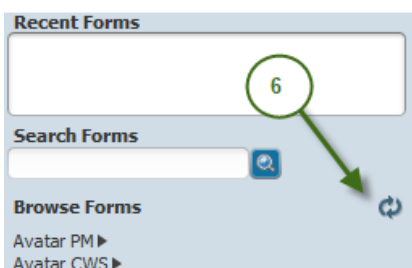
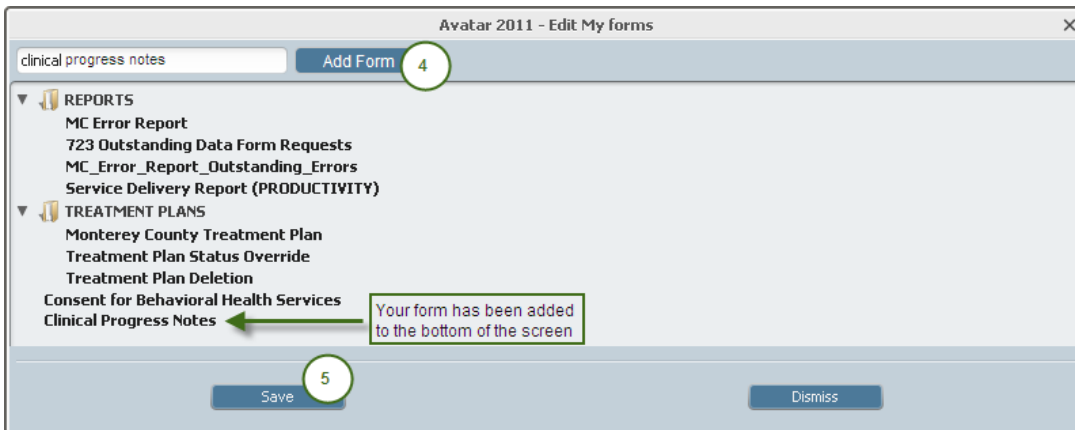
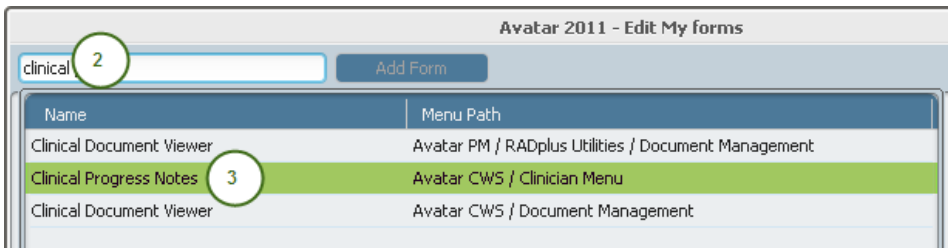
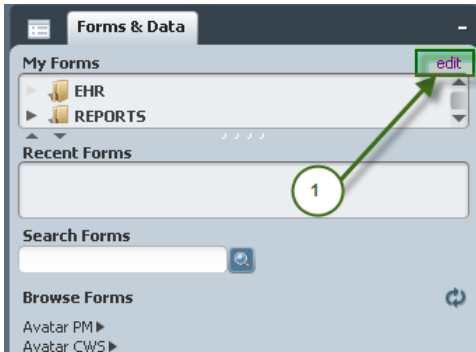


CREATING MY FORMS

The purpose of adding/creating my forms is to keep all your frequently used forms and reports in to an easy to access location.

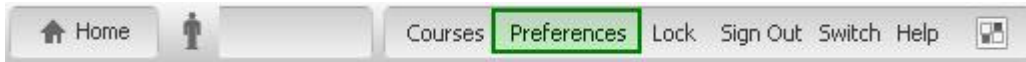
STEPS

1. In your Forms & Data widget, click on **Edit**.
2. Type the name of the form you want to add.
3. Select the form by double clicking on the row.
4. Click on Add Form – your form will be added at the bottom.
5. SAVE
6. Click on the refresh button on the Forms & Data widget (two arrows that follow each other)



PREFERENCES

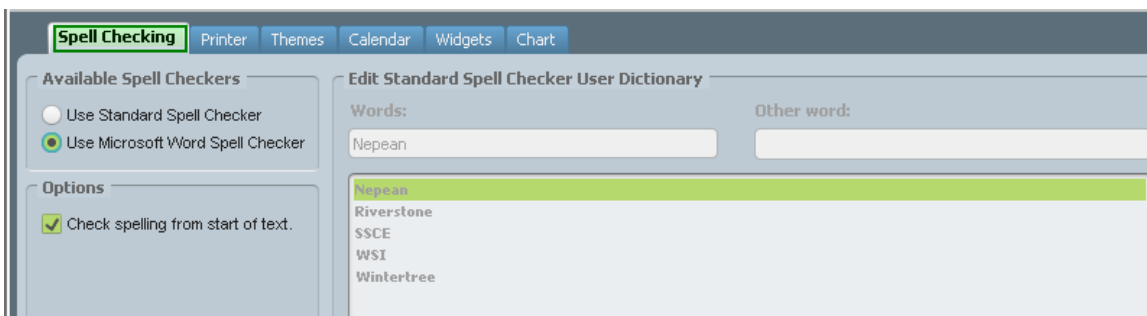
The **Preferences** Form can be accessed in the menu bar on the top right of your screen.



This Form allows Staff to define basic *Avatar* functionality.

- Spell Checking
- Printer Settings
- Themes
- Calendar
- Widgets
- Chart

Spell Checking:



The available Spell Checker choices are to the Standard or Microsoft Word Spell Checker. (Select “Use Microsoft Word Spell Checker”)

- Fields with spelling errors are underlined in red.
- Click F7, or right-click a misspelled field, and select Spellcheck.

Themes:

The *Themes* tab allows you to select a default color theme for the *Avatar* application. For the new theme to display, you must log out of the *Avatar* session, close the browser and re-launch the *Avatar* system. Restart *Avatar* to see the new theme.



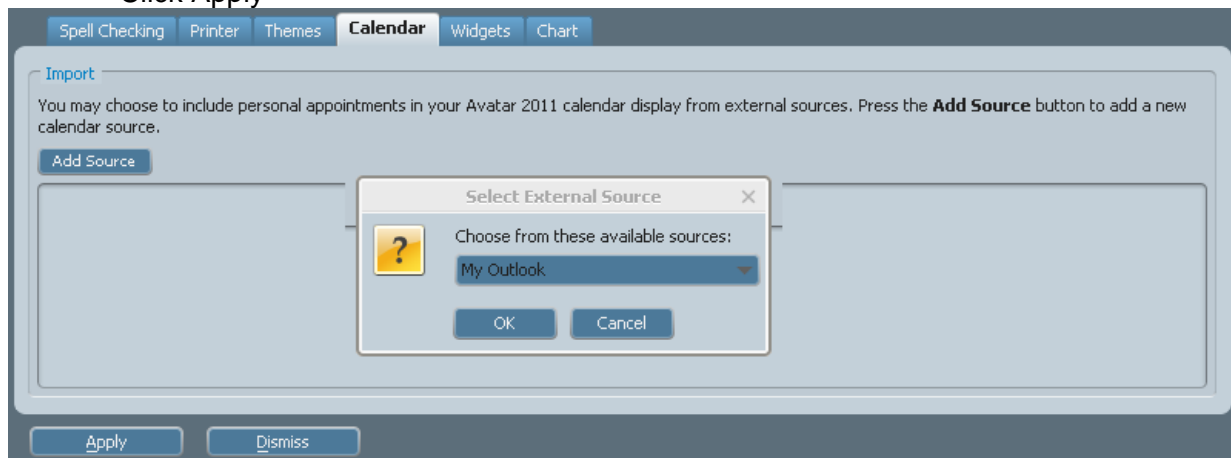
Calendar:

The *Calendar* tab allows you to select Outlook to include personal appointments in the Avatar calendar display. In addition to showing your Avatar appointments, you can choose to display your Outlook appointments. This is only a display or view of another calendar. This does not substitute using the Avatar Appointment Scheduler Option.

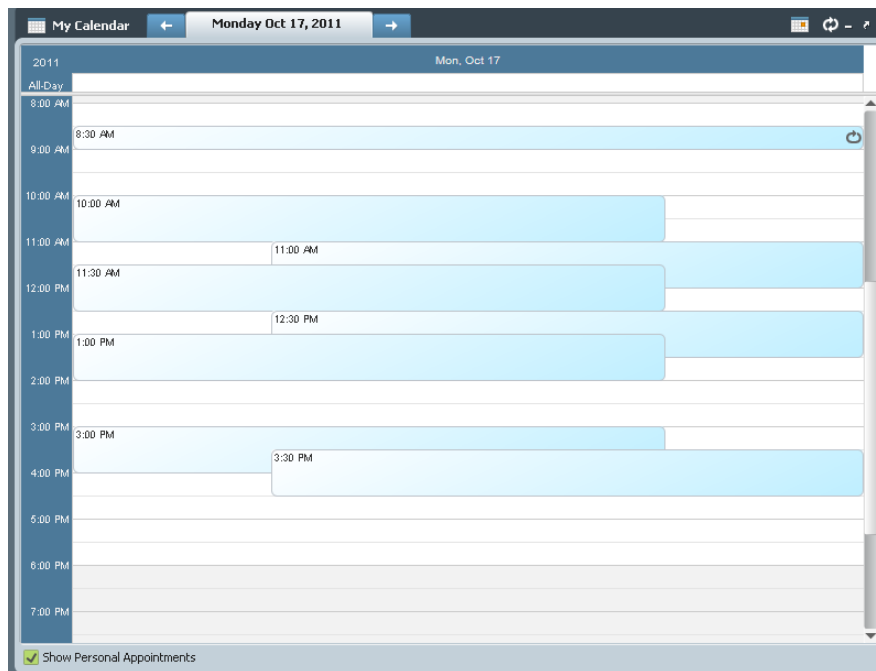
Press the *Add Source* button to add a new calendar source. The current choices available are My Outlook, Microsoft Exchange, and Gmail. Select My Outlook
In the *Select External Source* dialog, choose the email source.

Click *Ok*.

Click *Apply*



The *Calendar Widget* will now display the appointments from Outlook, as shown below. In addition, the Calendar integration with the *Appointment Scheduling* module can be seen when scheduling appointments for the Staff.

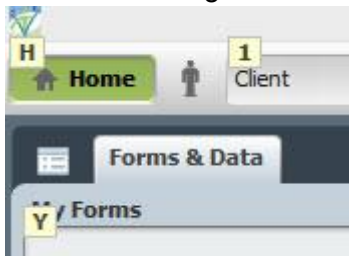


Note → This is a view option only. Other staff that has access to view your Outlook Calendar will not be able to view it through Avatar.

KEYBOARD SHORTCUTS



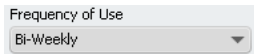
Clicking the “Alt” KEY on your keyboard displays Avatar keyboard shortcut keys.




ALT – H: Will Display the  Home view, which is your home page.

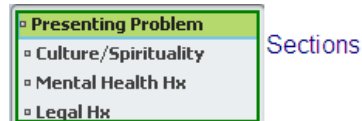
ALT – S: Will  a form

Use the **Function Keys** for the Following

F5 – Clears the selection in a drop down list  or a radio button field:

Hx/Risk of Grave Disability?
 Yes No N/A

F6 – Will highlight the forms section. Use the arrow  keys to navigate from one section to the next.



F8 – Will Lock Avatar  Sign Out Switch Help 

F9 – Log out from Avatar   Switch Help 

Note ⇒ Different keyboard combinations may display, depending on the form or widget being displayed.

AVATAR WIDGETS

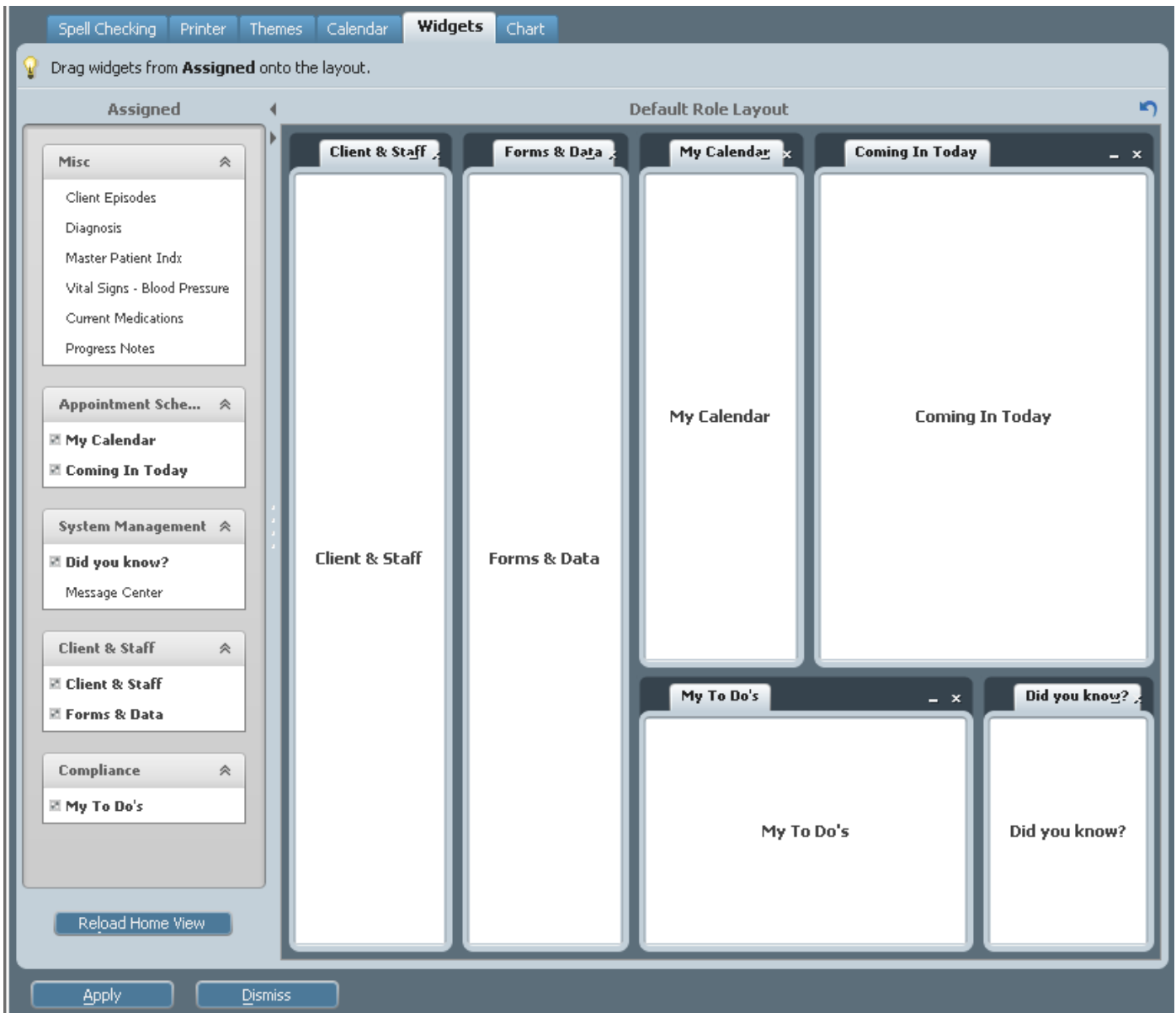
WHAT IS A WIDGET?

A widget is a window view of information available on the Home View or Chart View that contains stored data from Avatar.



EXAMPLES OF WIDGETS ARE:

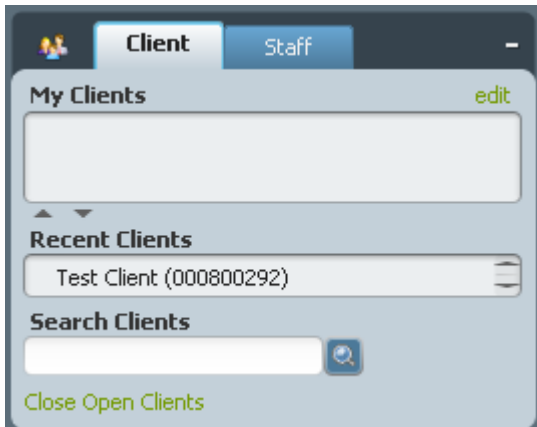
- My Calendar
- Coming In Today
- Did you know?
- Client & Staff
- Forms & Data
- My To Do's



CLIENT/STAFF

The *Client/Staff Widget* provides the ability to display a list of current clients and staff.

The **CLIENT WIDGET** will display a list of all clients assigned to the Practitioner's Caseload. This assignment is done through the admitting or attending practitioner on the admission screen. Assignment can also be done using "add supporting staff to client caseload".



RECENT CLIENTS: is a List of clients you have accessed in this session. This list will be reset at log out. You can Right mouse click to Display Chart or Remove from List. You can drag and drop a staff from your Recent Client list up to the My Staff list and it will permanently add that staff person to your list of staff.

HOME VIEW

The Home View is associated with a Staff Role. Definitions of Staff roles are:

MD
Clinician
Supervisor
Manager
Director
Administrative

The Home View can be accessed any time by clicking



The screenshot shows the Home View dashboard with the following sections:

- Client:** My Clients (edit)
- Forms & Data:** My Forms (edit), Recent Forms, Search Forms, Browse Forms (Avatar PM, Avatar CWS, Avatar MSO)
- My Calendar:** 2011 Mon, Oct 17. Shows appointments from 8:00 AM to 4:00 PM.
- Coming in Today:** October 1, ... (Individual, Site)
- Staff Calendars:** October 2011 calendar grid.
- My To Do's:** All (0)
- Did you know?:** No information available.

- **Preferences** - displays the Preferences screen.

The screenshot shows the Preferences screen with the following elements:

- Top navigation bar: Home, Courses, Preferences (highlighted), Lock, Sign Out, Switch, Help
- Bottom navigation bar: Spell Checking, Printer, Themes, Calendar, Widgets, Chart

Lock - locks Avatar

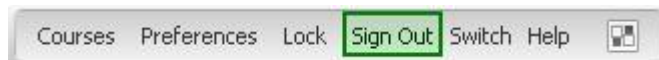


The Avatar Sign-In screen displays.

Enter the same system code, Staff name, and password used to login to Avatar. Click Unlock.

The sign-in screen features the myAvatar logo and the word "Locked". Below the logo is the instruction: "Enter login information below then press Unlock button." There are three input fields labeled "System Code", "Username", and "Password". At the bottom left is an "Unlock" button.

Sign Out - displays the Sign-out Confirmation dialog. Click Yes to log out.

A dialog box titled "Sign-out Confirmation" with a close button (X) in the top right corner. It contains a yellow question mark icon and the text "Are you sure you want to sign-out?". At the bottom are two buttons: "Yes" and "No".

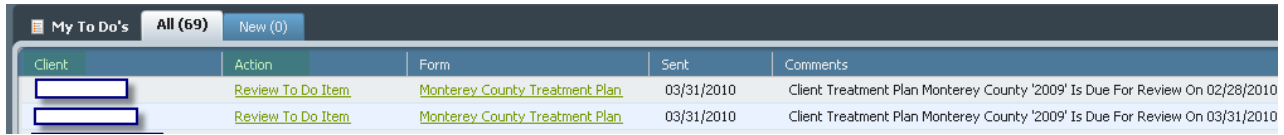
Client Data Bar

Displays when a client is selected for any client form.
Displays client demographic and health related information.

The Client Data Bar shows a small profile picture of a man on the left. To the right of the picture, the text reads: "TEST CLIENT (000800292)", "M, 41, 07/23/1970", and "Ht: 6' 1", Wt: 185 lbs, BMI: 24.5". On the far right, there is a section for "Allergies (0)" with a small icon above it and a dropdown arrow below it.

MY TO DO S

Display the Staff's To-Do items.



| Client | Action | Form | Sent | Comments |
|------------|-----------------------------------|--|------------|--|
| [Redacted] | Review To Do Item | Monterey County Treatment Plan | 03/31/2010 | Client Treatment Plan Monterey County '2009' Is Due For Review On 02/28/2010 |
| [Redacted] | Review To Do Item | Monterey County Treatment Plan | 03/31/2010 | Client Treatment Plan Monterey County '2009' Is Due For Review On 03/31/2010 |

Columns

- Client - The associated client.
- Action – brief description of what staff needs to do.
- Form - The associated form. Click to open the form.
- Sent - The date the information was sent.
- Comments - Associated comments.
- Note-to-self - Enter information associated with the note.

Note⇒ If the column is blank, the action may be associated with the Group Default Note form (Avatar CWS).

Right-click menu

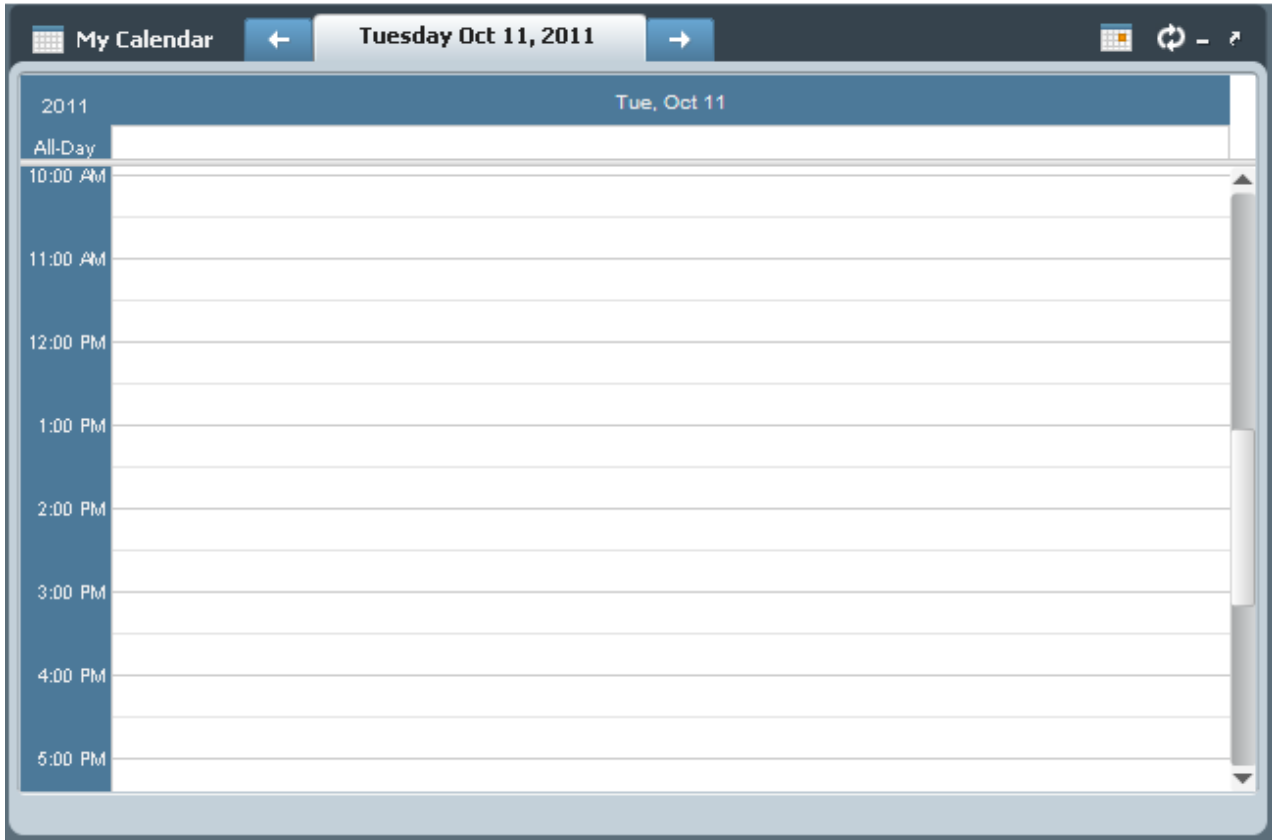
- View Detail - Displays a report for the To-Do item.
- Reassign - Reassign To Do Item - opens the Reassign To Do item form.

Send a To-Do item to another Avatar Staff.

Have an error on this list?

If you need assistance on how to remove your To Do List after you have reviewed or co-signed documents, Go to **Error Reporting** to submit an error report.

MY CALENDAR



- An appointment must be scheduled for a client associated with the STAFF.
- To add a new appointment to the **AVATAR** Calendar, please utilize “Scheduling Calendar”.
- To add a personal appointment to the Calendar, please update the personal calendar (**Outlook**) which will update the My Calendar widget in My Avatar. (**Outlook**)
- Drag an appointment to change the appointment time.
- Right click an appointment to edit the appointment summary.
- Click Show Personal Appointments to display appointments associated with Microsoft Outlook.



Displays the current date.



Moves the calendar view to the next day.



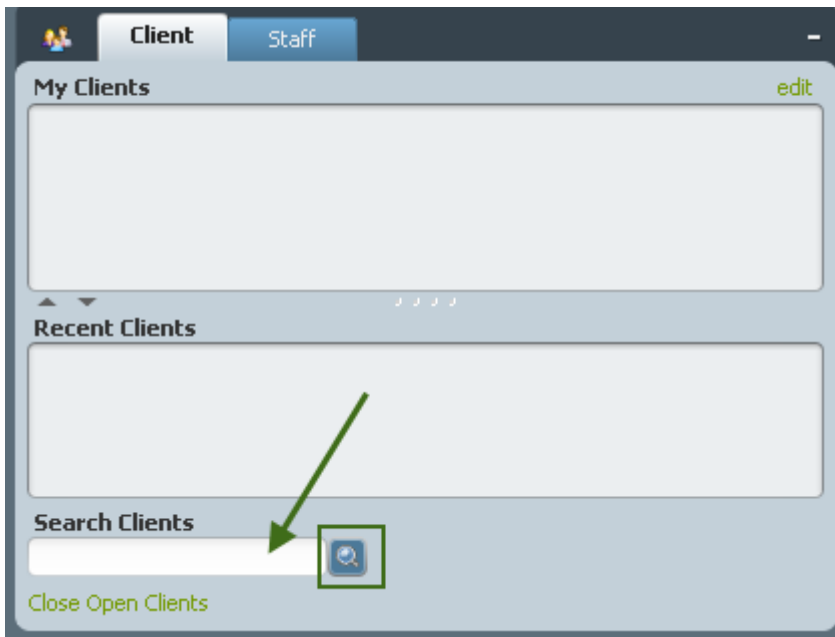
Moves the calendar view to the previous day.

SEARCHING FOR A CLIENT

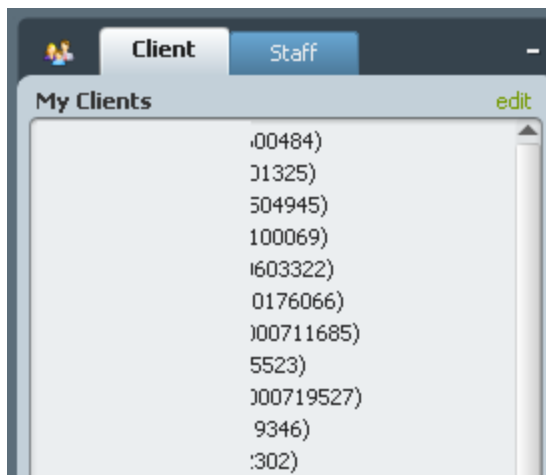
Clients can be added to Avatar through the Admission form.

To search for a client, from the  Home view

0. In the Search Clients field, you can search for a client using:
 1. Client last name
 2. Client ID
 3. Clients Social Security Number
 4. Date of Birth (using this format **MM/DD/YYYY**)



A client will be permanently added to the My Clients list for Staff if:

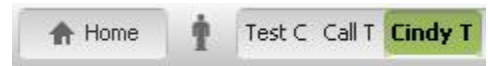


Staff is listed as the Attending Practitioner
Staff is listed as the Admitting Practitioner

- If Staff clicks the edit link and adds a client to the My Clients list, that client will be added to the list for the Staff's session. If the Staff logs out of their Avatar session and logs back in, the client will not display in My Clients.

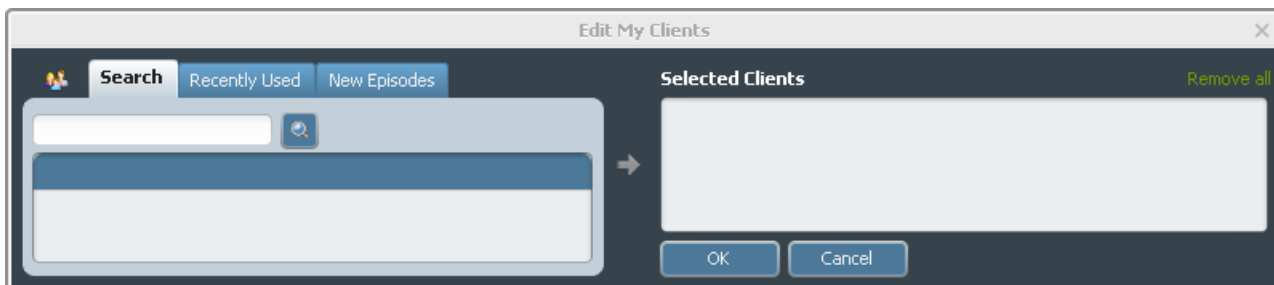
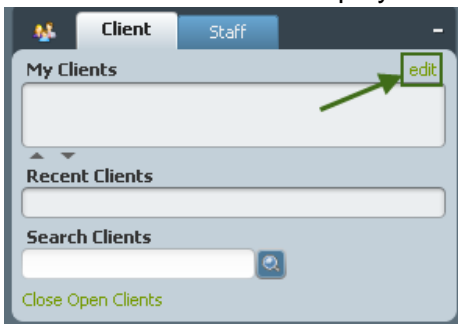


To close all open client-related forms, Click Close Open Clients



These CLIENTS are displayed on the Client Data Bar, next to

Or click Edit to display the Edit My Clients Screen.



Right-click a client

- Select Chart to display the client's chart.
- Select Remove From List to delete the client from the list.
- Double-click a client to display the client's chart.

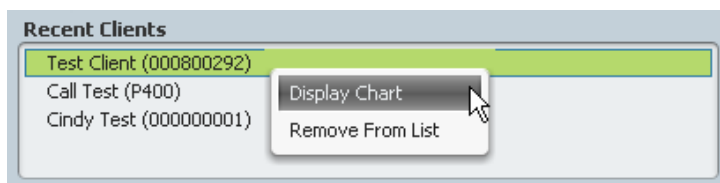


CHART REVIEW

The **CHART** is an interactive screen that displays a client's medical record.

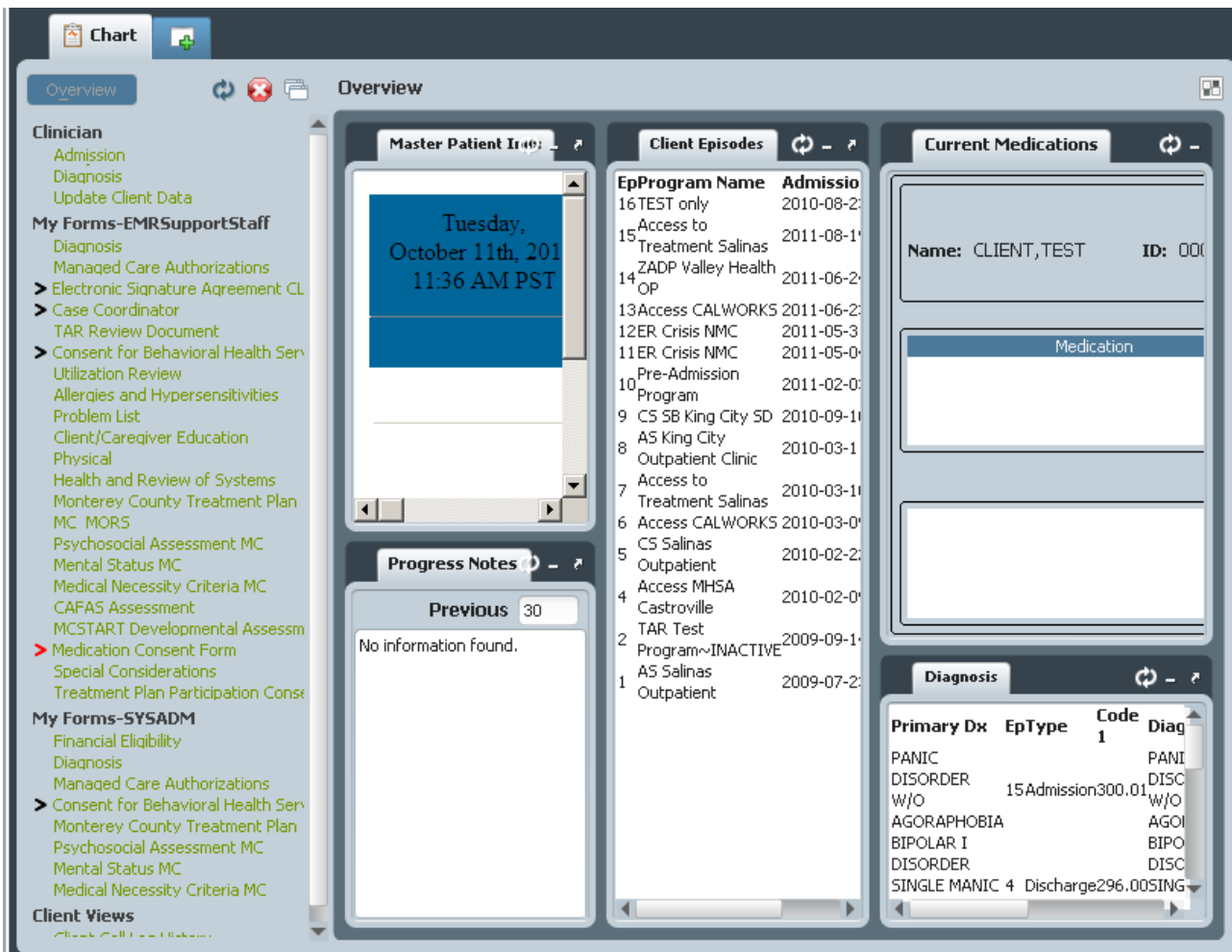
Access a Chart

13. Double-Click a client in the My Clients view.
14. Right-Click a client in the My Clients Section.
15. Choose Display Chart

OR



OVERVIEW - displays the Chart main view.

A screenshot of the 'Chart Overview' view. The interface is divided into several panels. On the left is a navigation menu with sections like 'Clinician', 'My Forms-EMRSupportStaff', 'My Forms-SYSADM', and 'Client Views'. The main area contains: 'Master Patient Information' showing the date and time 'Tuesday, October 11th, 2011 11:36 AM PST'; 'Client Episodes' showing a list of episodes with columns for 'EpProgram Name' and 'Admission Date'; 'Current Medications' showing a table with 'Name' and 'ID'; and 'Diagnosis' showing a table with 'Primary Dx', 'EpType', 'Code', and 'Diag'. The 'Progress Notes' panel shows 'No information found.'

| EpProgram Name | Admission |
|----------------------------------|-----------|
| 16 TEST only | 2010-08-2 |
| 15 Access to Treatment Salinas | 2011-08-1 |
| 14 ZADP Valley Health Op | 2011-06-2 |
| 13 Access CALWORKS | 2011-06-2 |
| 12 ER Crisis NMC | 2011-05-3 |
| 11 ER Crisis NMC | 2011-05-0 |
| 10 Pre-Admission Program | 2011-02-0 |
| 9 CS SB King City SD | 2010-09-1 |
| 8 AS King City Outpatient Clinic | 2010-03-1 |
| 7 Access to Treatment Salinas | 2010-03-1 |
| 6 Access CALWORKS | 2010-03-0 |
| 5 CS Salinas Outpatient | 2010-02-2 |
| 4 Access MHSA Castroville | 2010-02-0 |
| 2 TAR Test Program~INACTIVE | 2009-09-1 |
| 1 AS Salinas Outpatient | 2009-07-2 |

| Primary Dx | EpType | Code | Diag |
|--------------------|--------------|--------|--------------------|
| PANIC DISORDER w/O | 15 Admission | 300.01 | PANIC DISORDER w/O |
| AGORAPHOBIA | | | AGORAPHOBIA |
| BIPOLAR I DISORDER | | | BIPOLAR I DISORDER |
| SINGLE MANIC | 4 Discharge | 296.00 | SINGLE MANIC |

- If Quick Forms have been setup, links display on the left side of Chart.
- Click a form link to open the form in Chart.

OPEN A NEW FORM WHILE IN CHART VIEW

Click on this Icon to search and open a Form while in Chart View



Home [User Profile]

(000806946)
F, 35, 11/20/1975

Select this icon to open a new form for this client

Chart [Green Plus Icon]

My Forms

[edit](#)

- EHR**
 - Case Coordinator 2.0
 - Diagnosis
 - Edit Service Information
 - Progress Note Viewer
 - Admission
 - Compliance Alerts

Recent Forms

Enter the name of the Form you are searching for in this section.

Search Forms

Browse Forms

- Avatar PM ▶
- Avatar CWS ▶
- Avatar MSO ▶

Clinician

- Admission
- Diagnosis
- Update Client

My Forms-EMR

- Diagnosis
- Managed Care
- Electronic Signatures
- Case Coordination
- TAR Review
- Consent for Billing
- Utilization Review
- Allergies and Immunizations
- Problem List
- Client/Caregiver Information
- Physical
- Health and Referrals
- Monterey County
- MC_MORS
- Psychosocial Assessment
- Mental Status
- Medical Necessity
- CAFAS Assessment
- MCSTART Development
- Medication Consent Form
- Special Considerations
- Treatment Plan Participation Consent

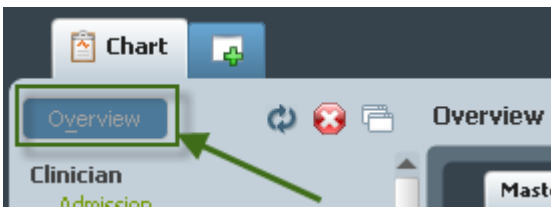
REFRESH CHART VIEW

After selecting to open a client's Chart, Staff can refresh the view at any time. This is especially necessary when adding new information into Forms while within Chart View. The refresh button will bring any recently filed data into display.



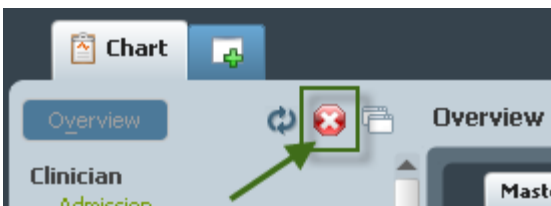
OVERVIEW TO GO BACK TO CHART VIEW

In addition, when viewing Form data included in Chart View, the Overview button can be used to bring Staff back to the original Chart View display with the previously defined Widgets.



EXIT CHART VIEW

At any point, Staff can choose to exit the Chart View using the exit button.

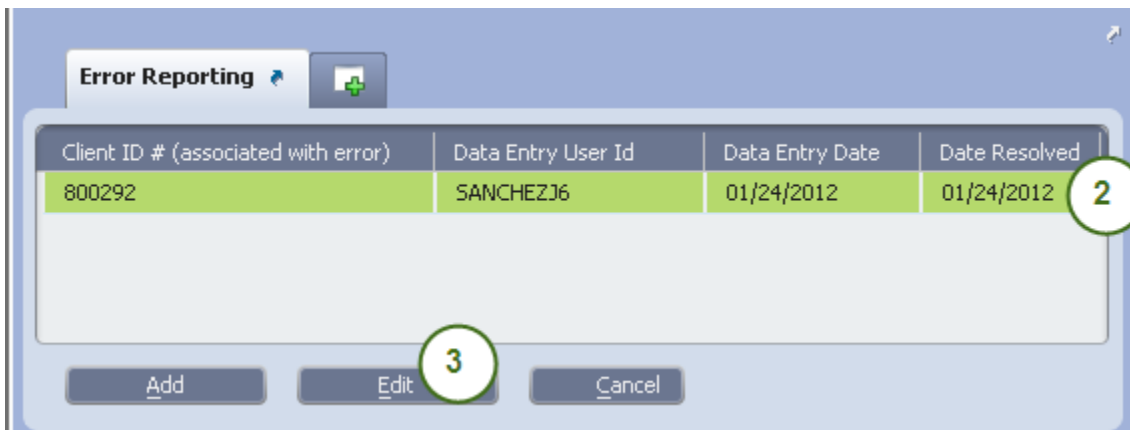
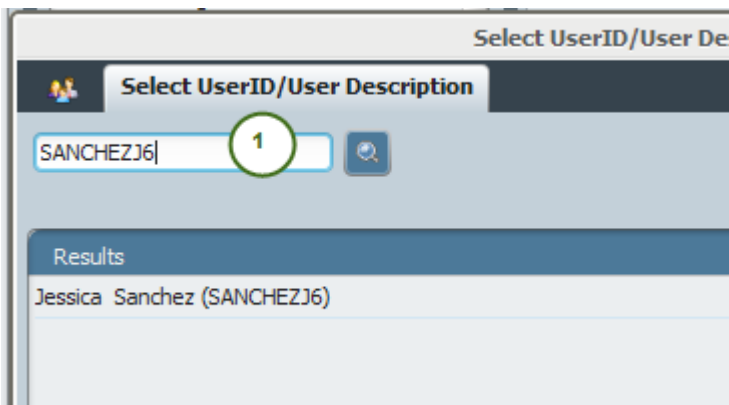


ERROR REPORTING

| | |
|-----------------|---|
| LOCATION | CWS → Clinician Menu → Error Reporting |
| PURPOSE | This form is used to report errors to Quality Assurance for corrections and to make suggestions. We use this form to organize requests. |
| RULES | <ul style="list-style-type: none"> • USERID must be in all caps |
| STEPS | <ol style="list-style-type: none"> 1. Enter your avatar USERID in all caps. 2. Enter the date of request. 3. Select from the drop-down box the type of error. You may click on the light bulb to view a description of the type of categories available. 4. If the request type is Delete Service/Edit service, this information will be needed to complete this request. Service information can be found on the progress note. 5. If the request type is Scanning Error type, this information will be needed to complete request. This information can be found in the clients “clinical document viewer.” 6. If the request type is Treatment Plan Deletion, we will need the name of the treatment plan and plan date. 7. Enter the reason for the request and any additional information that will be helpful for the QA staff to complete your request. 8. Enter your contact phone number, QA staff may call you with additional questions prior to completing your request. 9. If you are an Administrative staff and are entering error reports for a clinical staff, enter clinical staff name here |

HOW TO CHECK THE STATUS OF YOUR ERROR REPORT

| | |
|-----------------|---|
| LOCATION | CWS → Clinician Menu → Error Reporting |
| PURPOSE | View the status of entered error reports |
| RULES | Do not type in the “Error Completion” tab. Do not submit when you are viewing notes about the completion of the error |
| STEPS | <p>16. Enter your STAFFID in all caps. 17. Look for a date resolved in the pre display screen. 18. Click Edit If you would like to view the details the person correcting the error wrote.</p> <p>Click on the Error Completion section. Click on the X to exit after you have read the notes</p> |

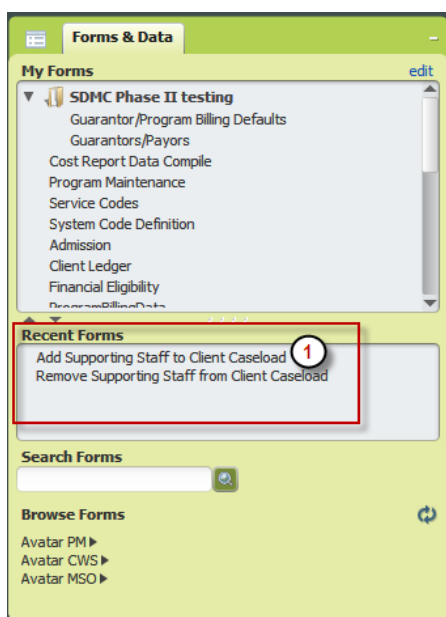


ERROR REPORTING CATEGORIES

- **Delete Note** - Use this category when you need a note deleted such as a duplicate note, note written for the wrong client, and note written on the wrong date. Reminder: Take necessary action such as entering the note under the correct client, enter the note under the correct date of service, reenter the correct note type, or enter note under the correct service date. Please be sure to include the following information:
 - Client number
 - Date of service (date of incorrect date)
 - Duration
 - Time and date note was written.
- **Group Notes Error** - Use this category to report any group errors for example if you forgot to include a client, remove a client, or duplicate group billing.
- **Treatment Plan needs to be deleted** - Use this category to request a treatment plan deletion. Please be sure to include in the error report the **exact name** of the treatment plan and the start date of the treatment plan. Once a treatment plan is deleted, we are unable to get it back therefore it is crucial for you to provide accurate information.
- **Scanning Error** - Use this category to have a scanned document deleted. If you see that a document is in the wrong client chart, print the document and have a PSR scan it into the right chart then make the error report request to have this document deleted from the incorrect chart. Please be sure to provide the **exact** document name to avoid deleting the incorrect document. Note: Document names cannot be changed therefore the document will need to be rescanned with the correct name and you will need to make a request to have the document with the incorrect name deleted.
- **Change treatment plan back to draft** - Use this category to request a finalized treatment plan be changed back to draft status. Keep in mind that even if the treatment plan is switched back to draft you will not be able to make any edits to the plan start date.
- **Crystal report error** - Use this category to report any crystal report error such as information on the report is incorrect or if a report is not running.
- **To do list error** - Use this category to have old items deleted, or items which do not pertain to your caseload.
- **Appointment scheduler error** - Use this category to report any problems with appointment scheduler such as not having access to your location or not being able to schedule appointments.
- **Undo episode closure** - Use this category to request an episode be reopened. This may be needed if you need to submit a draft note, if the episode was accidentally closed, or if you need to submit a note which you forgot to enter prior to discharge.
- **Other client related error** - Use this category to report any issues related to the client's medical record. Some examples are client has two client numbers, client psychosocial needs to be deleted or switched to draft, and client medical necessity needs to be deleted or switched to draft.
- **Other avatar error** - Use this to report errors related to avatar that are not related to a specific client.
- **Avatar change** - Use this category to report changes such as a staff member showing up under the incorrect team, work location change, no longer employed staff.
- **QI Questions** - Use this category for any QI Questions
- **Client Merge** - Use this category when you have found one client with two client numbers

ADD/REMOVE SUPPORTING STAFF FROM CLIENT CASELOAD

| | |
|-----------------|--|
| LOCATION | Avatar PM → Client Management |
| PURPOSE | These forms will be used to Add Supporting Staff to Client Caseload and to Remove Supporting Staff to Client Caseloads. |
| RULES | <ul style="list-style-type: none"> When a Staff ID or Staff Name is added to Caseload, the PATID and Client Name WILL appear on the My Clients widget. When the PATID is on the caseload, the Staff will NOT receive non-caseload access messages from Avatar. PATIDs can be assigned one or many Supporting Staff When a Staff ID or Staff Name is REMOVED from Caseload, the PATID and Client Name will NO LONGER appear on the My Clients widget. When the PATID is REMOVED from the caseload, the Staff will receive non-caseload access messages from Avatar |
| STEPS | <p>Select the client.</p> <ol style="list-style-type: none"> 1. Search a Client for and Select and Click on the form 'Add Supporting Staff to Client Caseload.' 2. Enter the date when you want the Supporting Staff to be ADDED to the Client's caseload. 3. Enter the Staff Name (first name or last name) and select the appropriate Staff member. 4. Click the Submit button to save the Add Supporting Staff form. 5. Verify that Client is on the Staff member's My Clients widget. 6. When you are ready to remove a Staff member from the Client's caseload, search for a Client and Select and Click on the form 'Remove Supporting Staff to Client Caseload.' 7. Enter the date when you want the Supporting Staff to be REMOVED to the Client's caseload. 8. Enter the Staff Name (first name or last name) and select the appropriate Staff member. 9. Click the Submit button to save the Remove Supporting Staff form. 10. Verify that the Client has been removed from your My Clients widget |



Select Client

Select Client

811871

| Client | DOB | SS# | Sex |
|---------------------------|------------|-------------|-----|
| PATIENT,FIRST (000811871) | 01/01/1950 | 012-12-0456 | Mal |

Avatar 2011

Home first P Courses Preferences

PATIENT,FIRST (000811871)
M, 63, 01/01/1950

Chart Add Supporting Staff to Client Caseload

Case Coordinator

Submit

Assignment Date **2**

Notes

Add Supporting Staff **3**

Avatar 2011

Home first P Courses Preferences

PATIENT,FIRST (000811871)
M, 63, 01/01/1950

Chart Add Supporting Staff to Client Caseload

Case Coordinator **4**

Submit

Assignment Date 03/25/2013

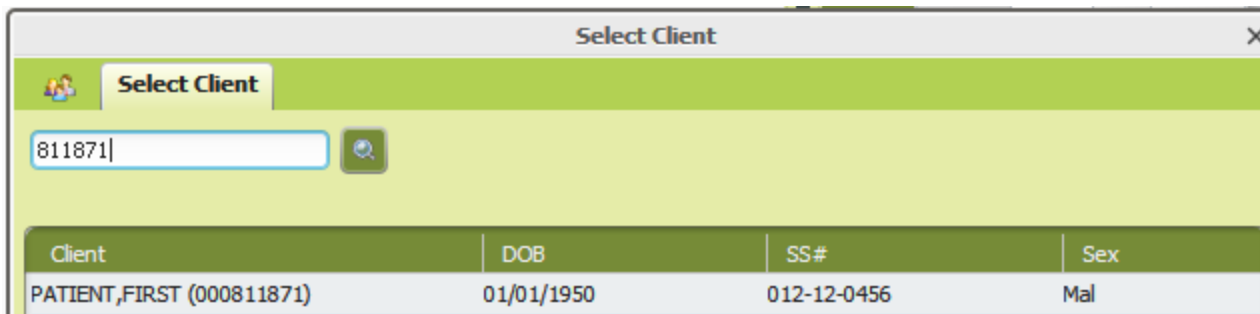
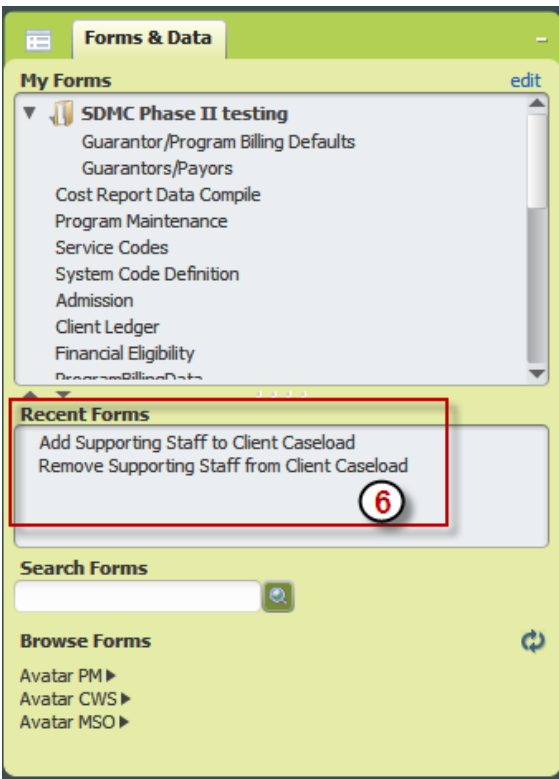
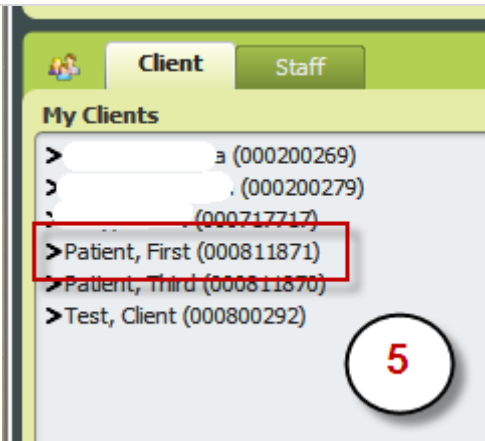
Notes

Add Supporting Staff **3**

req

Results
Rendel Requiru (REQUIROR)

1 through 1 of 1



Home **First P**

PATIENT, FIRST (000811871)
M, 63, 01/01/1950

Chart **Remove Supporting Staff from Client Caseload**

Remove Supporting Staff

Submit **9**

Assignment Date **7**

T Y

Remove Supporting Staff

Notes **8**

Client Staff

My Clients

- > (000200269)
- > (000200279)
- > (000717717)
- > **Patient, Third (000811870)**
- > Test, Client (000800292)

10

218 OTHER SUPPORT STAFF REPORT

| | |
|------------------------|--|
| REPORT NAME AND NUMBER | 218 Other Support Staff Report |
| LOCATION | Avatar CWS >> Clinical Reports >>> Caseload Reports |
| PURPOSE | <p>This report lists the clients where you are the assigned "Other Support Staff" as part of the clients Support Team.</p> <p>Although this report is currently a draft version of the Report which will include the Other Support Staff last date of service for each client, you are able to use it with the basic information.</p> <p>Aside from the Client ID and Client Name, the Case Coordinator information is provided to identify who you will need to collaborate with when it comes to the clients care.</p> |
| ACCESSABLE TO STAFF | Clinicians, Other Support Staff |



Monterey County Health Department
Behavioral Health Divison
218 Other Support Staff Caseload Report
 For: [REDACTED]

| Client ID | Name | Case Coordinator |
|--|--|--|
| [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] |

CASE COORDINATOR

| | |
|-------------------------------------|--|
| LOCATION | CWS →CLINICIAN MENU →CLIENT CASE COORDINATOR |
| DOCUMENTATION GUIDE LOCATION | Chapter 1: Introduction |
| PURPOSE | Behavioral Health operates under a care coordination model; meaning that each client is assigned a “Case Coordinator” who is responsible for the completion of a coordinated treatment plan and assessment documentation on an annual basis. The purpose of care coordination is to ensure that clients are receiving necessary services without duplication. The case coordinator can be county staff or contract provider staff. |
| RULES | Each open client must have a case coordinator. A case coordinator can be a county employee or a contract provider. The Case Coordinator ensures client is receiving necessary services without duplication. The case coordinator is responsible for completing all necessary documents, on an annual basis, or as need to ensure client receives medically necessary service. The date of coordination is from the start of a coordinated care episode or outpatient service |
| STEPS | Select the client or if the client is in your recent clients section, make sure he is the selected client (it will be highlighted). 19. Enter the date you were assigned case coordinator for the client. 20. Select Staff by entering the name or staff ID, then process search 21. If you are no longer the client’s case coordinator enter the date of discharge or the date you transferred the client to a new case coordinator 22. Submit |

The screenshot shows the 'Client Case Coordinator' form. The title bar includes a 'Chart' icon and the text 'Client Case Coordinator'. The sidebar on the left contains a 'Submit' button (4) and several icons. The main form area has three fields: 'Start Date' (1) with a date picker, 'Client Case Coordinator' (2) with a search bar, and 'End Date' (3) with a date picker.

ADMITTING A CLIENT

ADMISSION

| | |
|------------------------|--|
| LOCATION | PM→ Client Management→Episode Management →Admission |
| PURPOSE | An admission is required to open/or assign a client into a program and initiate billing. The services available depend on the program which the client qualifies for. |
| RULES | <ul style="list-style-type: none">• The following sections are NOT required for admission “Other Client Data” and “CADDs.”• The Admitting Practitioner field generates the caseload list.• The current case manager or case coordinator should be listed in the admitting practitioner field. This field can be updated at any time to change a clinician’s caseload.• The Attending Practitioner field should be used to record the client’s psychiatrist. If the client does not have a psychiatrist/physician assigned, please leave this field blank.• If the client has preexisting admission, you will get a pre-display. If you are creating a New Episode: Click on Add. If you are entering an Admission for a new client (no previous episodes), you will NOT get the pre-display screen; the form will open directly.• To Edit an Existing Episode: Select the episode you want to view/edit, Click on Edit• For Client with prior episode history: Information will default into the admission form. |
| STEPS-ADMISSION | <ol style="list-style-type: none">1. To Search for the Client, enter the name of the client. At least three (3) data elements are required to activate the search option. If the client is not found in the system, select NEW CLIENT.2. Select YES to auto assign the client a NEW Identification Number3. Enter the Pre-admit/Admission Date (you can select T for today or Y for Yesterday)4. Enter the Pre-admit/Admission Time (you can select current)5. From the drop-down menus, select the Program, Type of Admission, and the Source of Admission (click on light bulbs for help text)6. Enter client name (naming convention: Last name, first name)7. Select the client Sex assigned at birth.8. Enter the client Date of Birth9. Enter the Admitting Practitioner10. Enter the Attending Practitioner (If applicable, Only for Psychiatrists/physicians)11. If required, enter practitioner type as “Staff.”12. Select if the client has an Advanced Directive13. If the client has an advance directive, enter some details here. Be sure to scan the advance directive into the clients chart.14. Enter the client Social Security Number (naming convention: 113-22-0745 with dashes; if the SS# is unknown enter zeros 000-00-0000)15. Select if the client is Pregnant. For SUD treatment programs, this is required for Perinatal rate reimbursement. Staff can edit admission form as necessary for completed pregnancy or if client becomes pregnant after admission to program).16. Enter the Presenting Problem. If applicable, select the secondary and tertiary problems; a diagnosis form will be completed separately.17. Select the client Living Arrangements18. Select the Disposition if known.19. Select up to 3 Disabilities. |

Select Client

Last Name: [Redacted] **1** First Name: [Redacted] Sex: Female

Social Security #: [Redacted] Date of Birth: [Redacted]

Alias: [Redacted] Assigned ID: [Redacted]

Search Clear View Client Picture

Select if NEW CLIENT

| S... | Name | ID | Family Number | Date Of Birth | Client's Home Ph... | Alia |
|-------------|------|----|---------------|---------------|---------------------|------|
| [Empty Row] | | | | | | |

Select New Client Cancel

Avatar 2011 - Client

Auto Assign Next ID Number?

2

Yes No

Admission

Preadmit/Admission Date: [Redacted] **3**

Preadmit/Admission Time: [Redacted] **4**

Program: [Redacted] **5**

TAR Location: [Redacted]

Type Of Admission: [Redacted]

Source Of Admission: [Redacted]

Episode Number: 34

Client Name: RAMOS, MELINDA **6**

Sex: Female **7**

Date Of Birth: 08/19/1980 **8**

Age: 37

Facility Chart Number: [Redacted]

Admitting Practitioner: [Redacted] **9**

Attending Practitioner: [Redacted] **10**

Practitioner Type: [Redacted] **11**

Advanced Directive: No **12**

Advanced Directive Note: [Redacted] **13**

Chart Admission

Admission

- Demographics
- Other Client Data
- Inpatient/Partial/Day T...
- CADDs
- Allergies and other Info...

Submit

Online Documentation

Social Security Number 14

Is Client Pregnant? Yes No Not reported 15

Presenting Problems-Primary 16

Presenting Problems-Secondary

Presenting Problems-Tertiary

Client's Living Arrangements 17

Disposition 18

Disabilities-1 None 19

- Visual
- Hearing
- Speech
- Mobility
- Mental
- Developmentally Disabled
- Other

Admission Note

Is this a Transition in Care? Yes No

Online Documentation

Disabilities-2 None

- Visual
- Hearing
- Speech
- Mobility
- Mental
- Developmentally Disabled
- Other

Disabilities-3 None

- Visual
- Hearing
- Speech
- Mobility
- Mental
- Developmentally Disabled
- Other

19

STEPS- DEMOGRAPHICS

1. Client Name will default from previous section.
2. Select the client identified Sexual Orientation
3. Select the client's Religion.
4. Enter the client's Place of Birth
5. Select the client's Country of Origin
6. Enter Client's Maiden name, if applicable
7. Select from the drop downs the client's Marital Status, Education, Employment Status, Occupation and Smoker Status. Once the smoker status is selected the "smoking status assessment date" becomes required. For the Smoking status assessment date enter the date you are asking the client if they smoke.
8. Enter the client's address. For homeless individuals, enter the clinic address where the client is receiving services.
9. Enter the client's Phone Numbers
10. Enter the client's Email Address
11. Select the client's Communication Preference
12. Select the Primary Language. Note: some reports use this language field to determine if they will print in English or Spanish. Select the client's Race and Ethic origin.
13. Enter client Alias(s), if applicable
14. Enter the mother's Maiden Name

The screenshot shows a patient admission form with the following fields and sections highlighted with numbered callouts:

- 1:** Client First Name (MELINDA)
- 2:** Sexual Orientation (Lesbian (female) selected)
- 3:** Religion (Nazarene)
- 4:** Place Of Birth (Salinas CA)
- 5:** Country Of Origin (United States)
- 6:** Maiden Name (maybe)
- 7:** Marital Status (Single / Never Married)
- 8:** Client's Address - Street (123 Main St)
- 9:** Client's Work Phone
- 10:** Client's Email Address (somewhere@me.com)
- 11:** Communication Preference (Cell Phone selected)
- 12:** Client Race (Other Race)

Other visible fields include: Client Last Name (RAMOS), Client's Middle Initial, Client's Address - Street 2 (po box 9999), Client's Address - Zipcode (93906), Client's Address - City (Salinas), Client's Address - County (Napa), Client's Address - State (California), Client's Home Phone (800-123-4567), Client's Cell Phone (831-755-4545), Primary Language (English), and Ethnic Origin (Mexican/Mexican American). A "Smoking Status Assessment Date" field is also present with the date 11/07/2017.

| | | | | |
|----|----------------------|--------|----------|--|
| 13 | Alias | PRIMO | Alias 6 | |
| | Alias 2 | LUPITO | Alias 7 | |
| | Alias 3 | | Alias 8 | |
| | Alias 4 | | Alias 9 | |
| | Alias 5 | | Alias 10 | |
| | Mother's Maiden Name | 14 | | |

INPATIENT/PARTIAL/ DAY TREATMENT 1. If the admission program is a residential program this section will need to be filled out for capacity purposes

STEPS- DEMOGRAPHICS

1. Identify if client has Allergies. If so, enter a description of the allergies.
2. Select the Sources of Information for the admission.
3. Select Agencies the client is involved with if applicable.
4. Select if the client is a veteran. If so, select the branch of service.
5. Select the school of attendance, if the applicable
6. For SUD programs: If the client is pregnant, enter the Pregnancy Start Date, Last Menstruation Date, and Date of Initial Prenatal Visit. (data convention: If client has not had a prenatal visit, Enter the same date as the Date of Admission episode.
7. For Narcotic Treatment programs, enter the client Height, Weight, Hair Color, Eye Color and Distinguishing Marks such as scars and tattoos

The screenshot shows a software interface for entering admission demographics. The interface is divided into several sections:

- Left Sidebar:** Contains navigation tabs for 'Admission', 'Demographics', 'Other Client Data', 'Inpatient/Partial/Day T...', 'CADDs', and 'Allergies and other Info...'. Below these is a 'Submit' button and a set of icons for online documentation.
- Top Section:**
 - Allergies:** A radio button for 'Yes' (circled 1) is selected. Below it is a text area for 'Description/List of Allergies' (circled 1).
 - Sources of Information (EDIF):** A group of checkboxes where 'Staff' (circled 2) is selected. Other options include Caregiver, Youth, Staff-as-Caregiver, Case record review, and Client.
 - Agency that the client is involved with (EDIF):** A group of checkboxes where 'School' (circled 3) is selected. Other options include Corrections, Juvenile Court, Probation, Mental Health Agency/Clinic/Provider, Physical Health Care Agency/Clinic/Prov, Child Welfare/CPS, Substance Abuse Agency/Clinic/Provider, and Family Court.
 - Is client a Veteran?:** A radio button for 'Unable to report' (circled 4) is selected. Other options are Yes, No, and Current Active Duty.
 - Branch of Service:** A group of radio buttons for various military branches, with 'Army' (circled 4) selected. Other options include Army Reserve, Marine Corps, Navy, Navy Reserve, Air Force, Air Force Reserve, Air Guard, and Coast Guard Reserve.
 - School of Attendance:** A dropdown menu (circled 5) is currently empty.
- Bottom Section:**
 - This Section for Perinatal Clients:** A blue header (circled 6) above three date input fields: 'Pregnancy Start Date', 'Last Menstruation Date', and 'Initial Treatment Date'.
 - This Information Collected for Narcotics Treatment Episodes:** A blue header (circled 7) above input fields for 'Height', 'Weight', 'Hair Color', and 'Eye Color'. Below these is a text area for 'Distinguishing markings such as scars or tattoos'.

UPDATE CLIENT DATA

| | |
|-----------------|---|
| LOCATION | CWS → Clinician Menu → Update Client Data |
| PURPOSE | This form is used to make any changes to client information such as address, phone number, name change, etc. |
| RULES | DO NOT use the # sign in the address; use comma (,) instead. Keep this up to date as many people rely on this information. Billing staff may change information to reflect that of Medi-Cal information. Be mindful of ethnicity/race – too many clients with unknown, creates a challenge |
| STEPS | Select the client. 5. Update the necessary information. 6. Submit the form |

Update Client Data

Client Name

CLIENT,TEST

Client Last Name
CLIENT

Client First Name
TEST

Client's Middle Initial

Suffix

Sr Jr III
 IV V VI

Prefix

Sex

Female Male Unknown
 Transgender (F to M) Transgender (M to F)

Sexual Orientation

Heterosexual / Straight Lesbian (female)
 Gay (male) Bisexual
 Unsure / Questioning Declined To State
 Transgender

Date Of Birth
08/29/1980

Social Security Number
000-00-0000

Facility Chart Number

Client Race
Laotian

Ethnic Origin
Cuban

Client Declined To Provide Information On The Following

Ethnic Origin Race Language

Religion
Nazarene

Place Of Birth
MONTEREY COUNTY

Country Of Origin
United States

Client's Address - Street
123456 upper main street

Client's Address - Street 2
po box 9999

Client's Address - Zipcode
93906

Client's Address - City
Salinas

Client's Address - County
Napa

Client's Address - State
California

Client's Home Phone
831-755-4313

Client's Work Phone

Client's Cell Phone
831-755-4545

Client's Email Address
somewhere@me.com

Communication Preference

Email Regular Mail Home Phone
 Work Phone Cell Phone

Primary Language
Spanish

Mother's Maiden Name

Submit

Maiden Name

maybe

Marital Status

Single / Never Married

Education


16 Years

Employment Status

Not In Labor Force - Student





Occupation

Preschooler Or Student

Smoker 

Unknown If Ever Smoked

Smoking Status Assessment Date

11/07/2017    

Alias

PRIMO

Alias 2

LUPITO

Alias 3

Alias 4

Alias 5

Alias 6

Alias 7

Alias 8

Alias 9

Alias 10

Protection Indicator

Yes

No

Protection Indicator Effective Date

Name Qualifier

Keep Private

Unspecified

SPECIALTY TEAMS

| | |
|-----------------|--|
| LOCATION | CWS → Clinician Menu → Specialty Team |
| PURPOSE | This is used to flag individuals on specialty team. (i.e., mental health programs may include Katie A. populations; Substance Use Disorder programs may include individuals under AB 109) |
| RULES | <ul style="list-style-type: none">• Used to track specialty teams with specific funding streams.• Individuals are part of a larger program episode |
| STEPS | <ol style="list-style-type: none">1. Enter start date.2. Specialty Team/Service (select the specialty team participation from the drop-down menu)3. Enter end date (this is used when the individual no longer participates in specialty team) |

The screenshot shows a software interface for adding a Specialty Team. At the top, there are tabs for 'Chart' and 'Specialty Team', with a plus icon to the right. On the left side, there is a sidebar with a 'Specialty Team' header, a 'Submit' button, and a grid of six icons: a star, a pencil, a document, a red 'X', a person with a red 'X', and a yellow star. The main form area contains three fields, each with a green circle containing a number: 1. 'Start Date' field with a date picker icon and 'T', 'Y', and a calendar icon. 2. 'Specialty Team/Service' dropdown menu with a blue bar and a downward arrow. 3. 'End Date' field with a date picker icon and 'T', 'Y', and a calendar icon.

CAL OMS DATA FORMS**CAL OMS ADMISSION PART 2 (AOD ADMISSION)**

| | |
|-----------------|---|
| LOCATION | Avatar CWS □ Clinician Menu □ AOD □ □ Admission Part 2 AOD (CalOMS Admission) |
| RULES | <p>Cal- OMS is a statewide client-based data collection and outcomes measurement system that enables the Department of Health Care Services (DHCS) to manage and improve the provision of Substance Use Disorder (SUD) services at the state, county, and provider levels more effectively. CalOMS automates the process of inputting and retrieving treatment outcomes data necessary to:</p> <ul style="list-style-type: none"> • Meet federal reporting requirements. • Document prevention and treatment population demographics • Identify alcohol and other drug trends and risks. • Demonstrate service effectiveness. • Demonstrate that services are cost effective. • Identify the most effective practices to improve service delivery |
| STEPS | <p>Select the client or if the client is in your recent section, make sure the client is selected (It will be highlighted) and the CalOMS admission form will appear if that is the only CalOMS episode.</p> <p>Client Identification and Demographic Data</p> <ol style="list-style-type: none"> 1. Birth First Name What is the client's birth first name? 2. Birth Last Name What is the client's birth last name? 3. Current First Name What is the client's current first name? 4. Current Last Name 5. What is the client's current first name? SSN What is the client's social security number? <i>Nine-digit social security number</i> <i>99902 None or not applicable</i> <i>Detox only program</i> <i>99904 Client unable to answer.</i> 6. Zip Code At Current Residence What is the client's zip code at their current residence? <i>Enter value '00000' Homeless only if Current Living Arrangements is 'Homeless'.</i> <i>Detox only program</i> <i>99904 Client unable to answer.</i> 7. Race <i>What is the client's race?</i> <i>If 'Client declined to state' is selected on Race 1, then no other values for race can be selected for</i> <i>Race 2, 3, 4, 5</i> 8. Place of Birth – State What is the client's county of birth if born in California? 9. Place of Birth – County What is the client's state of birth if born within the United States? |

STEPS

10. Driver's License Number

What is the client's driver's license number? If the client does not have a driver's license, what is the client's state ID card number?

Value for Driver's License Number must be provided if Driver's License State is provided.

None or not applicable is 99902.

Detox only programs

99904 Client unable to answer.

11. Driver's License State

For which state does the client have a valid driver's license or state ID card?

If Driver's License Number is 99902, then Driver's License State must be None or not applicable.

Detox only programs

Client unable to answer 99904.

12. Mother's First Name

What is the first name of the client's mother, or individual the client considers to be as their mother?

If a client is unable to provide a name, enter value 'mother' or 'mom'

The screenshot shows a web-based form for client identification. On the left is a navigation menu with categories: Client Identification and [unclear], Transaction Data, Admission Data, Alcohol And Drug Use, Employment Data, Criminal Justice Data, Medical/Physical Health [unclear], Mental Illness, and Family/Social Data. Below the menu is a 'Submit' button and a set of icons. The main form area contains the following fields and callouts:

- 1: Birth First Name (text input: CLIENT)
- 2: Birth Last Name (text input: NAME)
- 3: Current First Name (text input: CLIENT)
- 4: Current Last Name (text input: NAME)
- 5: SSN (text input: 568-31-1807)
- 6: Zip Code At Current Residence (text input: 93906)
- 7: Race 1 (radio button selected for White)
- 8: Place of Birth - State (dropdown menu: California)
- 9: Place of Birth - County (dropdown menu: Monterey)
- 10: Driver's License Number (text input: 99902)
- 11: Driver's License State (dropdown menu: None or not applicable)
- 12: Mother's First Name (text input: Joan)

| STEPS | <p>13. Ethnicity What is the client's ethnicity?</p> <p>14. Veteran Is the client a U.S. veteran? <i>Detox only programs</i></p> <p>15. <i>Client unable to answer</i> Consent. Is there a consent form allowing future possible contact, signed by the client, on file within your agency?</p> <p>16. Disability What type of disability /disabilities does the client have, if any? <i>Only one value is allowed.</i> <i>Detox only programs</i> <i>Client unable to answer 99904.</i></p> <p>17. Flag for Cal-OMS Submission <i>'Yes', should always be checked</i></p> |
|-------|--|
|-------|--|

| STEPS | <p>Transaction Data</p> <p>18. Admission Transaction Type</p> |
|-------|--|
|-------|--|

| STEPS | Admission Data |
|-------|--|
| 19. | Source of Referral What is the client's principal source of referral? |
| 20. | Days Waited to Enter Treatment How many days was the client on a waiting list before being admitted to this treatment program? |
| | <i>Detox only programs</i> <i>Client unable to answer.</i> |
| 21. | Number of Prior Episodes What is the number of prior episodes in any alcohol or drug treatment/recovery program in which the client has participated? |
| | <i>Detox only programs</i> <i>Client unable to answer.</i> |
| 22. | CalWORKs Recipient Is the client a CalWORKs recipient? |
| 23. | Substance Abuse Treatment Under CalWORKs Is the client receiving substance abuse treatment under the CalWORKs welfare-to-work plan? |
| | <i>Value can only be 'yes' if CalWORKs Recipient is also 'Yes'.</i> |
| 24. | County Paying for Services If the client's treatment services are being delivered on behalf of another county, what is the code of the county for which the services are being performed? |
| | <i>Always None or Not Applicable</i> |
| 25. | Special Services Contract ID What is the special services contract ID number under which the client's services were provided? |
| | <i>Always 99902 None or Not Applicable</i> |

STEPS**Alcohol And Drug Use**

26. Primary Drug (Code)

What is the client's primary alcohol or drug problem?

27. Primary Drug Name

Provide Drug Name if prompted What is the client's primary alcohol or drug problem?

28. Primary Drug Frequency

How many days in the past 30 days has the client used the primary drug?

29. Primary Drug Route of Administration

What is the client's usual route of administration they use most often for their primary drug of abuse?

30. Primary Drug Age of First Use

What was the client's age of first use for the primary drug of abuse?

31. Secondary Drug (Code)

What is the client's secondary alcohol or drug problem?

32. Secondary Drug Name

What is the client's secondary alcohol or drug problem?

33. Secondary Drug Frequency

How many days in the past 30 days has the client used the secondary drug of abuse?

34. Secondary Drug Route of Administration

What is the client's usual route of administration they use most often for the secondary drug of abuse?

35. Secondary Drug Age of First Use

What was the client's age of first use for the secondary drug of abuse?

36. Alcohol Frequency

How many days in the past 30 days has the client used alcohol?

37. Needle Use

How many days has the client used needles to inject drugs in the past 30 days?

Detox only programs

Client unable to answer.

38. Needle Use in the Last 12 Months

Has the client used needles to inject drugs in the past twelve months?

Detox only programs

Client unable to answer



- Client Identification and Contact
- Transaction Data
- Admission Data
- Alcohol And Drug Use**
- Employment Data
- Criminal Justice Data
- Medical/Physical Health Data
- Mental Illness
- Family/Social Data

Submit



Online Documentation

Primary Drug (Code) 26

Primary Drug Name 27

Primary Drug Frequency 28

Primary Drug Route of Administration

- Oral
- Smoking 29
- Inhalation
- Injection (IV or intramuscular)
- None or Not Applicable
- Other 30

Primary Drug Age of First Use 30

Secondary Drug (Code) 31

Secondary Drug Name 32

Secondary Drug Frequency 33

Secondary Drug Route of Administration

- Oral
- Smoking 34
- Inhalation
- Injection (IV or intramuscular)
- None or Not Applicable
- Other 35

Secondary Drug Age of First Use 35

Alcohol Frequency 36

Needle Use 37

Needle Use in the Last 12 Months

- No
- Yes 38
- Client unable to answer

| STEPS | Employment Data |
|-------|---|
| | <p>39. Enrolled in School Is the client currently enrolled in school? <i>Detox only programs</i> <i>Client unable to answer 99904.</i></p> |
| | <p>40. Highest School Grade Completed What is the client's highest school grade completed? What is the client's primary alcohol or drug problem? <i>Detox only programs</i> <i>Client unable to answer 99904.</i></p> |
| | <p>41. Employment Status What is the client's current employment status? <i>If client is 14 years old or less, then employment status cannot be 'Employed Full Time (35 hrs. or more)'</i></p> |
| | <p>42. Enrolled in Job Training Is the client currently enrolled in a job training program? <i>Detox only programs</i> <i>Client unable to answer 99904.</i></p> |
| | <p>43. Work Past 30 Days How many days was the client paid for working in the past 30 days? <i>Detox only programs</i> <i>99904 Client unable to answer</i></p> |

| STEPS | Criminal Justice Data |
|-------|--|
| | <p>44. Criminal Justice Data What is the client's criminal justice status? <i>Must not select 'No criminal justice involvement', if Source of Referral is one of the following.</i> <i>'SACPA/Prop 36/OTP/Probation or Parole.'</i> <i>'Post-release Community Supervision (AB 109)'</i> <i>'Adult Felon Drug Court'</i> <i>'Non-SACPA Court/Criminal Justice'</i> <i>Detox only programs</i> <i>Client unable to answer.</i></p> <p>45. Number of Arrests Last 30 Days How many times has the client been arrested in the past 30 days? Number of Jail Days Last 30 Days? <i>Detox only programs</i> <i>Client unable to answer.</i></p> <p>46. Number of Jail Days Last 30 Days How many days has the client been in jail in the past 30 days? <i>Detox only programs</i> <i>Client unable to answer.</i></p> <p>47. Number of Prison Days Last 30 Days How many days has the client been in prison in the past 30 days? <i>Detox only programs</i> <i>Client unable to answer.</i></p> <p>48. Parolee Services Network Is the client a parolee in the Parolee Services Network (PSN)? <i>Detox only programs</i> <i>Client unable to answer.</i></p> <p>49. FOTP Parolee Is the client a parolee in the Female Offender Treatment Program (FOTP)? <i>Detox only programs</i> <i>Client unable to answer.</i></p> <p>50. FOTP Priority Status What is the client's FOTP Priority Status? <i>Detox only programs</i> <i>Client unable to answer.</i></p> <p>51. CDCR Number What is the client's CDCR Identification Number? 99902 None or not applicable if Criminal Justice Status is 'No criminal justice involvement.' <i>Unless the following</i> <i>If PSN is 'Yes', then a CDCR Number must be provided.</i> <i>If FOTP Parolee is 'Yes', then a CDCR Number must be provided</i></p> |

Chart Admission Part 2 AOD (CalOMS Admission)

- Client Identification and ID
- Transaction Data
- Admission Data
- Alcohol And Drug Use
- Employment Data
- Criminal Justice Data**
- Medical/Physical Health
- Mental Illness
- Family/Social Data

Submit

Criminal Justice Status 44

No criminal justice involvement

Under parole supervision by CDC

On parole from any other jurisdiction

Post-release Community Service (AB109) or on probation from any federal, state, or local jurisdiction

Admitted under diversion from any court under CA Penal Code Section 1000

Incarcerated

Awaiting trial, charges, or sentencing

Client unable to answer

Number of Arrests Last 30 Days 45

Number of Jail Days Last 30 Days 46

Number of Prison Days Last 30 Days 47

Parolee Services Network 48

No

Yes

Client unable to answer

FOTP Parolee 49

No

Yes

Client unable to answer

FOTP Priority Status

Completed Forever Free and released and enrolled in treatment program

Any woman paroling from CIW 50

Completed Forever Free and goes direct to FOTP facility

None or Not Applicable

Client unable to answer

CDCR Number 51

| STEPS | Medical/Physical Health Data |
|-------|--|
| | <p>52. Medi-Cal Beneficiary Is the client a Medi-Cal beneficiary? <i>Detox only programs</i> <i>Client unable to answer.</i></p> |
| | <p>53. Emergency Room Last 30 Days How many times has the client visited an emergency room in the past 30 days for physical health problems? <i>Detox only programs</i> <i>Client unable to answer.</i></p> |
| | <p>54. Hospital Overnight Last 30 Days How many days has the client stayed overnight in a hospital in the last 30 days for physical health problems? <i>Detox only programs</i> <i>Client unable to answer.</i></p> |
| | <p>55. Medical Problems Last 30 Days How many days in the past 30 days has the client experienced physical health problems? <i>Medical Problems must be greater than 0 if Emergency or Overnight last 30 days are greater.</i> <i>than 0.</i> <i>Detox only programs</i> <i>Client unable to answer.</i></p> |
| | <p>56. Pregnant At Admission If the client is not male, is the client pregnant at the time of admission?</p> |
| | <p>57. Medication Prescribed As Part of Treatment What medication is prescribed as a part of treatment?</p> |
| | <p>58. Communicable Diseases: Tuberculosis <i>Has the client been diagnosed with Tuberculosis?</i> <i>Detox only programs</i> <i>Client unable to answer.</i></p> |
| | <p>59. Communicable Diseases: Hepatitis C Has the client been diagnosed with Hepatitis C? <i>Detox only programs</i></p> |

Client unable to answer.

60. Communicable Diseases: Sexually Transmitted Disease
Has the client been diagnosed with any sexually transmitted diseases?

Detox only programs

61. *Client unable to answer* HIV Tested

Has the client been tested for HIV/AIDS?

Detox only programs

Client unable to answer.

62. HIV Test Results

Does the client have the results of the HIV/AIDS test?

Detox only programs

Client unable to answer.

Chart Admission Part 2 AOD (CalOMS Admission)

- Client Identification and D
- Transaction Data
- Admission Data
- Alcohol And Drug Use
- Employment Data
- Criminal Justice Data
- Medical/Physical Health
- Mental Illness
- Family/Social Data

Submit

Online Documentation

Medi-Cal Beneficiary 52
 No
 Yes
 Client unable to state

Emergency Room Last 30 Days 53

Hospital Overnight Last 30 Days 54

Medical Problems Last 30 Days 55

Pregnant At Admission 56
 No
 Not Sure/Don't Know
 Yes

Medication Prescribed As Part of Treatment 57
 None
 Methadone
 LAAM
 Buprenorphine (Subutex)
 Buprenorphine (Suboxone)
 Other

Communicable Diseases: Tuberculosis 58
 No
 Yes
 Client declined to state
 Client unable to answer

Communicable Diseases: Hepatitis C 59
 No
 Yes
 Client declined to state
 Client unable to answer

Communicable Diseases: Sexually Transmitted Diseases 60
 No
 Yes
 Client declined to state
 Client unable to answer

HIV Tested 61
 No
 Yes
 Client declined to state
 Client unable to answer

HIV Test Results 62
 No
 Yes
 Client declined to state
 Client unable to answer

STEPS

Mental Illness

63. Mental Illness

Has the client ever been diagnosed with a mental illness?

64. Emergency Room Use / Mental Health

How many times in the past 30 days has the client received outpatient emergency services for mental health needs?

Detox only programs

99904 Client unable to answer.

65. Psychiatric Facility Use

How many days in the past 30 days has the client stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs?

Detox only programs

99904 Client unable to answer.

66. Mental Health Medication

In the past 30 days, has the client taken prescribed medication for mental health needs?

Detox only programs

Client unable to answer

Chart Admission Part 2 AOD (CalOMS Admission)

- Client Identification and D
- Transaction Data
- Admission Data
- Alcohol And Drug Use
- Employment Data
- Criminal Justice Data
- Medical/Physical Health D
- Mental Illness**
- Family/Social Data

Mental Illness 63

No Yes Not Sure/Don't Know

Emergency Room Use / Mental Health 64

Psychiatric Facility Use 65

Mental Health Medication 66

No Yes Client unable to answer

STEPS**Family/Social Data**

67. Social Support
How many days in the last 30 days has the client participated in any social support recovery activities such as:
12-step meetings
Other self-help meetings
Religious/faith recovery or self-help meetings
Meetings of organizations other than those listed above.
Interactions with family member and/or friend support of recovery?
68. Current Living Arrangements
Select 'Homeless' only when Zip Code at Current Residence is '00000.'
69. Living with Someone
How many days in the past 30 days has the client lived with someone who uses alcohol or drugs?
Detox only programs
99904 Client unable to answer.
70. Family Conflict Last 30 Days
How many days in the past 30 days has the client had serious conflicts with members of their family?
Detox only programs
99904 Client unable to answer.
71. Number of Children
How many children does the client have aged 17 or less (birth or adopted), whether they live with the client or not?
Detox only programs
99904 Client unable to answer.
72. Number of Children Aged 5 Years Or Younger
How many children does the client have age 5 or younger?
Value must be less than or equal to Number of Children
Detox only programs
99904 Client unable to answer.
73. Number of Children Living with Someone Else
How many of the client's children aged 17 and under are living with someone else because of a child protection court order?
Value must be less than or equal to Number of Children
Detox only programs
99904 Client unable to answer.
74. Number of Children Living with Someone Else and Parental Rights Terminated
If the client has children living with someone else because of a child protection court order, for how many of these children aged 17 or under have the client's parental rights been terminated?
Value must be less than or equal to Number of Children
Detox only programs
99904 Client unable to answer.
75. Submit completed CalOMS Admission form



- Client Identification and D
- Transaction Data
- Admission Data
- Alcohol And Drug Use
- Employment Data
- Criminal Justice Data
- Medical/Physical Health D
- Mental Illness
- Family/Social Data**

Social Support 67

Current Living Arrangements

- Homeless 68
- Independent Living

- Dependent Living

Living with Someone 69

Family Conflict Last 30 Days 70

Number of Children 71

Number Of Children Aged 5 Years Or Younger 72

Number of Children Living with Someone Else 73

Number of Children Living with Someone Else and Parental Rights Terminated 74

75

Submit

CAL OMS DATA FORMS**CAL OMS DISCHARGE PART 2 (CAL OMS DISCHARGE)**

| | |
|-----------------|---|
| LOCATION | Avatar CWS <input type="checkbox"/> Clinician Menu <input type="checkbox"/> AOD <input type="checkbox"/> Discharge Part 2 (CalOMS Discharge) |
| RULES | <p>Cal-OMS is a statewide client-based data collection and outcomes measurement system that enables the Department of Health Care Services (DHCS) to manage and improve the provision of Substance Use Disorder (SUD) services at the state, county, and provider levels more effectively. CalOMS automates the process of inputting and retrieving treatment outcomes data necessary to:</p> <ul style="list-style-type: none"> • Meet federal reporting requirements. • Document prevention and treatment population demographics • Identify alcohol and other drug trends and risks. • Demonstrate service effectiveness. • Demonstrate that services are cost effective. • Identify the most effective practices to improve service delivery |
| STEPS | <p>Select the client or if the client is in your recent section, make sure the client is selected (It will be highlighted) and the CalOMS discharge form will appear if that is the only CalOMS episode.</p> <p>Cal-OMS Discharge</p> <ol style="list-style-type: none"> 1. Discharge Status 2. Consent Is there a consent form allowing future possible contact, signed by the client, on file within your agency? 3. Disability What type of disability /disabilities does the client have, if any? <i>Only one value is allowed.</i> <i>Detox only programs</i> <i>Client unable to answer.</i> 4. Current First Name What is the client's current first name? 5. Current Last Name What is the client's current last name? 6. Social Security Number What is the client's social security number? <i>Nine-digit social security number</i> <i>99902 None or not applicable</i> <i>Detox only program</i> <i>Client unable to answer 99904.</i> 7. Zip Code At Current Residence What is the client's zip code at their current residence? <i>Enter value '00000' Homeless only if Current Living Arrangements is 'Homeless'.</i> <i>Detox only program</i> <i>99904 Client unable to answer</i> |

Chart Discharge Part 2 (CalOMS Discharge)

- Cal-OMS Discharge
- Alcohol and Drug Use D...
- Employment Data
- Criminal Justice Data
- Medical/Physical Health...
- Mental Illness
- Family/Social Data

Submit

Discharge Status 1

- Completed treatment/recovery plan, Goals/Referred
- Completed treatment/recovery plan, Goals/Not Referred
- Left before completion w/ Satisfactory Progress/Standard
- Left before completion w/ Satisfactory Progress/Administrative
- Left before completion w/ Unsatisfactory Progress/Standard
- Left before completion w/ Unsatisfactory Progress/Administrative
- Death
- Incarceration

Disability 3

- None
- Visual
- Hearing
- Speech
- Mobility
- Mental
- Developmentally Disabled
- Other
- Client declined to state
- Client unable to answer

Consent 2

No Yes

Current First Name CLIENT 4

Current Last Name 5

NAME 6

Social Security Number 7

Zip Code At Current Residence 93906 7

STEPS**Alcohol and Drug Use Data**

8. Primary Drug (Code)
What is the client's primary alcohol or drug problem?
9. Primary Drug (Other)
Provide Drug Name if prompted.
What is the client's primary alcohol or drug problem?
10. Primary Drug Frequency
How many days in the past 30 days has the client used the primary drug?
11. Primary Drug Route of Administration
What is the client's usual route of administration they use most often for their primary drug of abuse?
12. Secondary Drug (Code)
What is the client's secondary alcohol or drug problem?
13. Secondary Drug (Other)
What is the client's secondary alcohol or drug problem?
14. Secondary Drug Frequency
How many days in the past 30 days has the client used the secondary drug of abuse?
15. Secondary Drug Route of Administration
What is the client's usual route of administration they use most often for the secondary drug of abuse?
16. Alcohol Frequency
How many days in the past 30 days has the client used alcohol?
17. Needle Use
How many days has the client used needles to inject drugs in the past 30 days?
Detox only programs
Client unable to answer

The screenshot shows a software interface titled "Discharge Part 2 (CalOMS Discharge)". On the left is a sidebar with a "Submit" button and several icons. The main area contains the following fields:

- Primary Drug (Code)** (8): A dropdown menu.
- Primary Drug (Other)** (9): A text input field.
- Primary Drug Frequency** (10): A text input field.
- Primary Drug Route of Administration** (11): Radio buttons for Oral, Smoking, Inhalation, Injection (IV or intramuscular), None or Not Applicable, and Other.
- Secondary Drug (Code)** (12): A dropdown menu.
- Secondary Drug (Other)** (13): A text input field.
- Secondary Drug Frequency** (14): A text input field.
- Secondary Drug Route of Administration** (15): Radio buttons for Oral, Smoking, Inhalation, Injection (IV or intramuscular), None or Not Applicable, and Other.
- Alcohol Frequency** (16): A text input field.
- Needle Use** (17): A text input field.

STEPS**Employment Data**

18. Employment Status
What is the client's current employment status?
Detox only programs
99904 Client unable to answer.
19. Work Past 30 Days
How many days was the client paid for working in the past 30 days?
Detox only programs
Client unable to answer.
20. Enrolled in School
Is the client currently enrolled in school?
Detox only programs
Client unable to answer.
21. Enrolled in Job Training
Is the client currently enrolled in a job training program?
Detox only programs
Client unable to answer.
22. Highest School Grade Completed
What is the client's highest school grade completed? What is the client's primary alcohol or drug problem?
Detox only programs
Client unable to answer

Chart Discharge Part 2 (CalOMS Discharge)

- Cal-OMS Discharge
- Alcohol and Drug Use D...
- Employment Data**
- Criminal Justice Data
- Medical/Physical Health...
- Mental Illness
- Family/Social Data

Submit

Employment Status 18

Employed Full Time (35 hrs or more)

Employed Part Time (less than 35 hrs)

Unemployed Looking For Work

Unemployed - (Not seeking)

Not in the labor force (Not seeking)

Work Past 30 Days 19

Enrolled in School 20

No

Yes

Client declined to state

Client unable to answer

Enrolled in Job Training 21

No

Yes

Client declined to state

Client unable to answer

Highest School Grade Completed 22

12 Years

STEPS

Criminal Justice Data

23. Number of Arrests Last 30 Days

How many times has the client been arrested in the past 30 days? Number of Jail Days Last 30 Days

Detox only programs

Client unable to answer.

24. Number of Jail Days Last 30 Days

How many days has the client been in jail in the past 30 days?

Detox only programs

Client unable to answer.

25. Number of Prison Days Last 30 Days

How many days has the client been in prison in the past 30 days?

Detox only programs

Client unable to answer

Chart Discharge Part 2 (CalOMS Discharge)

- Cal-OMS Discharge
- Alcohol and Drug Use D...
- Employment Data
- Criminal Justice Data**
- Medical/Physical Health...
- Mental Illness
- Family/Social Data

Number of Arrests Last 30 Days 23

Number of Jail Days Last 30 Days 24

Number of Prison Days Last 30 Days 25

STEPS**Medical/Physical Health Data**

26. Emergency Room Last 30 Days
How many times has the client visited an emergency room in the past 30 days for physical health problems?
Detox only programs
Client unable to answer.
27. Hospital Overnight Last 30 Days
How many days has the client stayed overnight in a hospital in the last 30 days for physical health problems?
Detox only programs
Client unable to answer.
28. Medical Problems Last 30 Days
How many days in the past 30 days has the client experienced physical health problems?
Medical Problems must be greater than 0 if Emergency or Overnight last 30 days are greater.
than 0.
Detox only programs
Client unable to answer.
29. Pregnant At Any Time During Treatment
If the client is not male, is the client pregnant at the time of admission?
30. HIV Tested
Has the client been tested for HIV/AIDS?
Detox only programs
Client unable to answer.
31. HIV Test Results
Does the client have the results of the HIV/AIDS test?
Detox only programs
Client unable to answer

Chart Discharge Part 2 (CalOMS Discharge)

- Cal-OMS Discharge
- Alcohol and Drug Use D...
- Employment Data
- Criminal Justice Data
- Medical/Physical Health...
- Mental Illness
- Family/Social Data

Emergency Room Last 30 Days 26

Hospital Overnight Last 30 Days 27

Medical Problems Last 30 Days 28

Pregnant At Any Time During Treatment
 No 29 Yes

HIV Tested 30
 No
 Yes
 Client declined to state
 Client unable to answer

HIV Test Results 31
 No
 Yes
 Client declined to state
 Client unable to answer

STEPS

Mental Illness

32. Mental Illness

Has the client ever been diagnosed with a mental illness?

33. Emergency Room Use / Mental Health

How many times in the past 30 days has the client received outpatient emergency services for mental health needs?

Detox only programs

99904 Client unable to answer.

34. Psychiatric Facility Use

How many days in the past 30 days has the client stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs?

Detox only programs

99904 Client unable to answer.

35. Mental Health Medication

In the past 30 days, has the client taken prescribed medication for mental health needs?

Detox only programs

99904 Client unable to answer

Chart Discharge Part 2 (CalOMS Discharge)

- Cal-OMS Discharge
- Alcohol and Drug Use D...
- Employment Data
- Criminal Justice Data
- Medical/Physical Health...
- Mental Illness**
- Family/Social Data

Mental Illness 32

No Yes Not Sure/Don't Know

Emergency Room Use / Mental Health 33

Psychiatric Facility Use 34

Mental Health Medication 35

No Yes Client unable to answer

STEPS**Family/Social Data**

36. Social Support
How many days in the last 30 days has the client participated in any social support recovery activities such as:
12-step meetings
Other self-help meetings
Religious/faith recovery or self-help meetings
Meetings of organizations other than those listed above.
Interactions with family member and/or friend support of recovery?
37. Current Living Arrangements
What is the client's current living arrangement?
Select 'homeless' only when Zip Code at Current Residence is '00000.'
38. Living with Someone
How many days in the past 30 days has the client lived with someone who uses alcohol or drugs?
Detox only programs
99904 Client unable to answer.
39. Family Conflict Last 30 Days
How many days in the past 30 days has the client had serious conflicts with members of their family?
Detox only programs
99904 Client unable to answer.
40. Number of Children
How many children does the client have aged 17 or less (birth or adopted), whether they live with the client or not?
Detox only programs
99904 Client unable to answer.
41. Number of Children Aged 5 Years Or Younger
How many children does the client have age 5 or younger?
Value must be less than or equal to Number of Children
Detox only programs
99904 Client unable to answer.
42. Number of Children Living with Someone Else
How many of the client's children aged 17 and under are living with someone else because of a child protection court order?
Value must be less than or equal to Number of Children
Detox only programs
99904 Client unable to answer.
43. Number of Children Living with Someone Else and Parental Rights Terminated
If the client has children living with someone else because of a child protection court order, for how many of these children aged 17 or under have the client's parental rights been terminated?
Value must be less than or equal to Number of Children
Detox only programs
99904 Client unable to answer.
44. Submit completed CalOMS Discharge form

Chart Discharge Part 2 (CalOMS Discharge)

- Cal-OMS Discharge
- Alcohol and Drug Use D...
- Employment Data
- Criminal Justice Data
- Medical/Physical Health...
- Mental Illness
- Family/Social Data**

Submit

Social Support 36

Current Living Arrangements

Homeless 37 Dependent Living

Independent Living 38

Living With Someone 39

Family Conflict Last 30 Days 39

Number of Children 40

Number Of Children Aged 5 Years Or Younger 41

Number of Children Living With Someone Else 42

Number of Children Living With Someone Else and Parental Rights Terminated 43

CAL OMS DATA FORMS**CAL OMS YOUTH/DETOX DISCHARGE ONLY FOR YOUTH OR DETOX CLIENTS**

| | |
|-----------------|---|
| LOCATION | Avatar CWS <input type="checkbox"/> Clinician Menu <input type="checkbox"/> AOD <input type="checkbox"/> Cal-OMS Youth/Detox Discharge |
| RULES | <p>Cal-OMS is a statewide client-based data collection and outcomes measurement system that enables the Department of Health Care Services (DHCS) to manage and improve the provision of Substance Use Disorder (SUD) services at the state, county, and provider levels more effectively. CalOMS automates the process of inputting and retrieving treatment outcomes data necessary to:</p> <ul style="list-style-type: none"> • Meet federal reporting requirements. • Document prevention and treatment population demographics • Identify alcohol and other drug trends and risks. • Demonstrate service effectiveness. • Demonstrate that services are cost effective. • Identify the most effective practices to improve service delivery |
| STEPS | <p>Select the client or if the client is in your recent section, make sure the client is selected (It will be highlighted) and the CalOMS Youth/Detox Discharge form will appear if that is the only CalOMS episode.</p> <p>Cal-OMS Youth/Detox Discharge</p> <ol style="list-style-type: none"> 1. Discharge Status 2. Consent Is there a consent form allowing future possible contact, signed by the client, on file within your agency? 3. Disability What type of disability /disabilities does the client have, if any? <i>Only one value is allowed.</i> <i>Detox only programs</i> <i>Client unable to answer.</i> 4. Current First Name What is the client's current first name? 5. Current Last Name What is the client's current last name? 6. Primary Drug (Code) What is the client's primary alcohol or drug problem? 7. Primary Drug (Other) Provide Drug Name if prompted. 8. What is the client's primary alcohol or drug problem? Primary Drug Frequency How many days in the past 30 days has the client used the primary drug? 9. Primary Drug Route of Administration What is the client's usual route of administration they use most often for their primary drug of abuse? 10. Secondary Drug (Code) What is the client's secondary alcohol or drug problem? 11. Secondary Drug (Other) What is the client's secondary alcohol or drug problem? |

| | |
|---------------------|--|
| <p>STEPS</p> | <p>12. Secondary Drug Frequency How many days in the past 30 days has the client used the secondary drug of abuse?</p> <p>13. Secondary Drug Route of Administration What is the client's usual route of administration they use most often for the secondary drug of abuse?</p> <p>14. Alcohol Frequency How many days in the past 30 days has the client used alcohol?</p> <p>15. Pregnant At Any Time During Treatment If the client is not male, is the client pregnant at the time of admission?</p> <p>16. Employment Status What is the client's current employment status?</p> <p>17. Enrolled in School Is the client currently enrolled in school? <i>Detox only programs</i> <i>Client unable to answer.</i></p> <p>18. Number of Arrests Last 30 Days How many times has the client been arrested in the past 30 days? Number of Jail Days Last 30 Days? <i>Detox only programs</i> <i>Client unable to answer.</i></p> <p>19. Mental Illness Has the client ever been diagnosed with a mental illness?</p> <p>20. Social Support How many days in the last 30 days has the client participated in any social support recovery activities such as: 12-step meetings Other self-help meetings Religious/faith recovery or self-help meetings Meetings of organizations other than those listed above. Interactions with family member and/or friend support of recovery?</p> <p>21. Current Living Arrangements <i>Select 'homeless' only when Zip Code at Current Residence is '00000.'</i></p> <p>22. Zip Code At Current Residence What is the client's zip code at their current residence? <i>Enter value '00000' Homeless only if Current Living Arrangements is 'Homeless'.</i> <i>Detox only program</i> <i>99904 Client unable to answer.</i></p> <p>23. Submit completed Cal-OMS Youth/Detox Discharge form</p> |
|---------------------|--|

Chart Cal-OMS Youth/Detox Discharge

Cal-OMS Youth/Detox D...

Submit 23

Discharge Status 1

Consent 2

No Yes

Disability 3

None

Visual

Hearing

Speech

Mobility

Mental

Primary Drug (Other) 7

Primary Drug Frequency 8

10

Primary Drug Route of Administration

Oral 9

Smoking

Inhalation

Injection (IV or intramuscular)

None or Not Applicable

Other

Online Documentation

Developmentally Disabled

Other

Client declined to state

Client unable to answer

Current First Name CLIENT 4

Current Last Name 5

NAME

Primary Drug (Code) 6

Alcohol

Secondary Drug (Code) 10

Secondary Drug (Other) 11

Secondary Drug Frequency 12

Secondary Drug Route of Administration

Oral

Smoking 13

Inhalation

Injection (IV or intramuscular)

None or Not Applicable

Other 14

Alcohol Frequency

Enrolled in School 17

No Yes

Client declined to state Client unable to answer

Number of Arrests Last 30 Days 18

Mental Illness 19

No Yes

Not Sure/Don't Know

Pregnant At Any Time During Treatment

No 15 Yes

Not Sure/Don't Know

Employment Status

Employed Full Time (35 hrs or more) 16

Employed Part Time (less than 35 hrs)

Unemployed Looking For Work

Unemployed - (Not seeking)

Not in the labor force (Not seeking)

Social Support 20

Current Living Arrangements

Homeless 21 Dependent Living

Independent Living

Zip Code At Current Residence 93906 22

| | |
|-----------------|--|
| LOCATION | Avatar CWS <input type="checkbox"/> Clinician Menu <input type="checkbox"/> AOD <input type="checkbox"/> Cal-OMS Administrative Discharge |
| RULES | <p>Cal-OMS is a statewide client-based data collection and outcomes measurement system that enables the Department of Health Care Services (DHCS) to manage and improve the provision of Substance Use Disorder (SUD) services at the state, county, and provider levels more effectively. CalOMS automates the process of inputting and retrieving treatment outcomes data necessary to:</p> <ul style="list-style-type: none"> • Meet federal reporting requirements. • Document prevention and treatment population demographics • Identify alcohol and other drug trends and risks. • Demonstrate service effectiveness. • Demonstrate that services are cost effective. • Identify the most effective practices to improve service delivery |
| STEPS | <p>Select the client or if the client is in your recent section, make sure the client is selected (It will be highlighted) and the Cal-OMS Administrative Discharge form will appear if that is the only CalOMS episode.</p> <p>Cal-OMS Administrative Discharge</p> <ol style="list-style-type: none"> 1. Discharge Status <i>Select from the list.</i> 2. Disability What type of disability /disabilities does the client have, if any? <i>Only one value is allowed.</i> <i>Detox only programs</i> <i>Client unable to answer.</i> 3. Current First Name What is the client's current first name? 4. Current Last Name What is the client's current last name? 5. Primary Drug (Code) What is the client's primary alcohol or drug problem? 6. Primary Drug (Other) Provide Drug Name if prompted. What is the client's primary alcohol or drug problem? 7. Primary Drug Frequency How many days in the past 30 days has the client used the primary drug? 8. Primary Drug Route of Administration What is the client's usual route of administration they use most often for their primary drug of abuse? 9. Pregnant At Any Time During Treatment If the client is not male, is the client pregnant at the time of admission? 10. Submit completed Cal-OMS Administrative Discharge form |



Cal-OMS Administrative ...

10

Submit



Online Documentation

Discharge Status

Left before completion w/ Unsatisfactory Progress/ Administrative

1

Disability

- None
- Visual
- Hearing
- Speech
- Mobility
- Mental
- Developmentally Disabled
- Other
- Client declined to state
- Client unable to answer

2

3

Current First Name

CLIENT

Current Last Name

NAME

4

Primary Drug (Code)

Alcohol

5

Primary Drug (Other)

6

Primary Drug Frequency

10

7

Primary Drug Route of Administration

- Oral
- Smoking
- Inhalation
- Injection (IV or intramuscular)
- None or Not Applicable
- Other

8

Pregnant At Any Time During Treatment

- No
- Not Sure/Don't Know
- Yes

9

CAL OMS DATA FORMS

CAL OMS ANNUAL UPDATE

| | |
|-----------------|---|
| LOCATION | Avatar CWS □ Clinician Menu □ AOD □ Cal-OMS Annual Update |
| RULES | <p>Cal-OMS is a statewide client-based data collection and outcomes measurement system that enables the Department of Health Care Services (DHCS) to manage and improve the provision of Substance Use Disorder (SUD) services at the state, county, and provider levels more effectively. CalOMS automates the process of inputting and retrieving treatment outcomes data necessary to:</p> <ul style="list-style-type: none">• Meet federal reporting requirements.• Document prevention and treatment population demographics• Identify alcohol and other drug trends and risks.• Demonstrate service effectiveness.• Demonstrate that services are cost effective.• Identify the most effective practices to improve service delivery |

| | |
|---------------------|---|
| <p>STEPS</p> | <p>Select the client or if the client is in your recent section, make sure the client is selected (It will be highlighted) and the Cal-OMS Annual Update form will appear if that is the only CalOMS episode.</p> <p>Cal-OMS Annual Update</p> <ol style="list-style-type: none"> Annual Update Date Current First Name What is the client's current first name? Current Last Name What is the client's current last name? SSN What is the client's social security number? <i>Nine-digit social security number</i> <i>None or not applicable enter 99902.</i> <i>Detox only program</i> <i>Client unable to answer 99904.</i> Consent Is there a consent form allowing future possible contact, signed by the client, on file within your agency? Disability What type of disability /disabilities does the client have, if any? <i>Only one value is allowed.</i> <i>Detox only programs</i> <i>Client unable to answer 99904.</i> Zip Code At Current Residence What is the client's zip code at their current residence? <i>Enter value '00000' Homeless only if Current Living Arrangements is 'Homeless'.</i> <i>Detox only program</i> <i>99904 Client unable to answer.</i> Submit completed Cal-OMS Annual Update form |
|---------------------|---|

The screenshot shows the 'Cal-OMS Annual Update' form interface. On the left is a navigation menu with categories: Cal-OMS Annual Update, Alcohol and Drug Use D..., Employment Data, Criminal Justice Data, Medical/Physical Health..., Mental Illness, and Family/Social Data. The main form area contains the following fields and options:

- Annual Update Date** (1): A date picker showing 01/08/2016.
- Current First Name** (2): A text input field containing 'CLIENT'.
- Current Last Name** (3): A text input field containing 'CLIENT'.
- SSN** (4): A text input field containing '568-31-1807'.
- Consent** (5): Radio buttons for 'No' and 'Yes'.
- Disability** (6): A list of checkboxes: None (checked), Visual, Hearing, Speech, Mobility, Mental, Developmentally Disabled, Other, Client declined to state, and Client unable to answer.
- Zip Code At Current Residence** (7): A text input field containing '93906'.
- Submit** (8): A button at the bottom left of the form.

STEPS

Alcohol and Drug Use Data

- 9. Primary Drug (Code)
What is the client's primary alcohol or drug problem?
If 'Alcohol' is selected, Alcohol Frequency field will automatically be 99902 None or Not Applicable
- 10. Primary Drug (Other)
Provide Drug Name if prompted.
What is the client's primary alcohol or drug problem?
- 11. Primary Drug Frequency
How many days in the past 30 days has the client used the primary drug?
- 12. Primary Drug Route of Administration
What is the client's usual route of administration they use most often for their primary drug of abuse?
- 13. Secondary Drug (Code)
What is the client's secondary alcohol or drug problem?
- 14. Secondary Drug (Other)
What is the client's secondary alcohol or drug problem?
- 15. Secondary Drug Frequency
How many days in the past 30 days has the client used the secondary drug of abuse?
If 'None' is selected, Secondary Drug Frequency, Secondary Drug Route of Administration, Secondary Drug Age of First Use fields will automatically be 99902 None or Not Applicable
- 16. Secondary Drug Route of Administration
What is the client's usual route of administration they use most often for the secondary drug of abuse?
- 17. Alcohol Frequency
How many days in the past 30 days has the client used alcohol?
- 18. Needle Use
How many days has the client used needles to inject drugs in the past 30 days?
Detox only programs
Client unable to answer.

The screenshot shows the 'Alcohol and Drug Use Data' section of the Cal-OMS Annual Update form. The form is organized into several sections with corresponding numbered callouts (9-18) in green circles:

- 9**: Primary Drug (Code) dropdown menu.
- 10**: Primary Drug (Other) text input field.
- 11**: Primary Drug Frequency text input field.
- 12**: Primary Drug Route of Administration radio button group (Oral, Smoking, Inhalation, Injection (IV or intramuscular), None or Not Applicable, Other).
- 13**: Secondary Drug (Code) dropdown menu.
- 14**: Secondary Drug (Other) text input field.
- 15**: Secondary Drug Frequency text input field.
- 16**: Secondary Drug Route of Administration radio button group (Oral, Smoking, Inhalation, Injection (IV or intramuscular), None or Not Applicable, Other).
- 17**: Alcohol Frequency text input field.
- 18**: Needle Use text input field.

On the left side of the form, there is a navigation menu with categories: Cal-OMS Annual Update, Alcohol and Drug Use D..., Employment Data, Criminal Justice Data, Medical/Physical Health..., Mental Illness, and Family/Social Data. Below the menu is a 'Submit' button and a set of utility icons.

STEPS

Employment Data

19. Employment Status

What is the client's current employment status?

20. Work Past 30 Days

How many days was the client paid for working in the past 30 days?

Detox only programs

99904 Client unable to answer.

21. Enrolled in School

Is the client currently enrolled in school?

Detox only programs

Client unable to answer.

22. Enrolled in Job Training

Is the client currently enrolled in a job training program?

Detox only programs

Client unable to answer.

23. Highest School Grade Completed

What is the client's highest school grade completed? What is the client's primary alcohol or drug problem?

Detox only programs

Client unable to answer.

The screenshot shows the 'Cal-OMS Annual Update' form. On the left is a navigation menu with categories: Cal-OMS Annual Update, Alcohol and Drug Use D..., Employment Data (highlighted), Criminal Justice Data, Medical/Physical Health..., Mental Illness, and Family/Social Data. Below the menu is a 'Submit' button and a row of icons. The main form area contains several sections: 'Employment Status' (19) with radio buttons for 'Employed Full Time (35 hrs or more)', 'Employed Part Time (less than 35 hrs)', 'Unemployed Looking For Work', 'Unemployed - (Not seeking)', and 'Not in the labor force (Not seeking)'; 'Work Past 30 Days' (20) with a text input field; 'Enrolled in School' (21) with radio buttons for 'No', 'Yes', 'Client declined to state', and 'Client unable to answer'; 'Enrolled in Job Training' (22) with radio buttons for 'No', 'Yes', 'Client declined to state', and 'Client unable to answer'; and 'Highest School Grade Completed' (23) with a dropdown menu currently set to '12 Years'.

STEPS

Criminal Justice Data

- 24. Number of Arrests Last 30 Days
How many times has the client been arrested in the past 30 days? Number of Jail Days Last 30 Days
Detox only programs
Client unable to answer.
- 25. Number of Jail Days Last 30 Days
How many days has the client been in jail in the past 30 days?
Detox only programs
Client unable to answer.
- 26. Number of Prison Days Last 30 Days
How many days has the client been in prison in the past 30 days?
Detox only programs
Client unable to answer

The screenshot shows the 'Cal-OMS Annual Update' software interface. On the left is a navigation menu with categories: Cal-OMS Annual Update, Alcohol and Drug Use D..., Employment Data, Criminal Justice Data (highlighted), Medical/Physical Health..., Mental Illness, and Family/Social Data. The main area contains three data entry fields: 'Number of Arrests Last 30 Days' with a circled '24' above it, 'Number of Jail Days Last 30 Days' with a circled '25' above it, and 'Number of Prison Days Last 30 Days' with a circled '26' above it. Each field has a corresponding empty input box.

| STEPS | Medical/Physical Health Data |
|-------|---|
| | <p>27. Emergency Room Last 30 Days How many times has the client visited an emergency room in the past 30 days for physical health problems?</p> <p><i>Detox only programs</i> <i>Client unable to answer.</i></p> |
| | <p>28. Hospital Overnight Last 30 Days How many days has the client stayed overnight in a hospital in the last 30 days for physical health problems?</p> <p><i>Detox only programs</i> <i>Client unable to answer.</i></p> |
| | <p>29. Medical Problems Last 30 Days How many days in the past 30 days has the client experienced physical health problems?</p> <p><i>Medical Problems must be greater than 0 if Emergency or Overnight last 30 days are greater.</i></p> <p><i>than 0.</i></p> <p><i>Detox only programs</i> <i>Client unable to answer.</i></p> |
| | <p>30. Pregnant At Any Time During Treatment If the client is not male, is the client pregnant at the time of admission?</p> |
| | <p>31. HIV Tested Has the client been tested for HIV/AIDS?</p> <p><i>Detox only programs</i></p> <p><i>Client unable to answer.</i></p> |
| | <p>32. HIV Test Results Does the client have the results of the HIV/AIDS test?</p> <p><i>Detox only programs</i></p> <p><i>Client unable to answer</i></p> |

The screenshot shows the 'Cal-OMS Annual Update' software interface. On the left is a sidebar with a tree view containing the following items: Cal-OMS Annual Update, Alcohol and Drug Use D..., Employment Data, Criminal Justice Data, Medical/Physical Health..., Mental Illness, and Family/Social Data. The 'Medical/Physical Health...' item is selected and highlighted in green. The main area displays several data entry fields, each with a green circle containing a question number:

- 27: Emergency Room Last 30 Days (input field)
- 28: Hospital Overnight Last 30 Days (input field)
- 29: Medical Problems Last 30 Days (input field)
- 30: Pregnant At Any Time During Treatment (radio buttons for No, Yes, Not Sure/Don't Know; 'No' is selected)
- 31: HIV Tested (radio buttons for No, Yes, Client declined to state, Client unable to answer)
- 32: HIV Test Results (radio buttons for No, Yes, Client declined to state, Client unable to answer)

STEPS

Mental Illness

- 33. Mental Illness
Has the client ever been diagnosed with a mental illness ?
- 34. Emergency Room Use / Mental Health
How many times in the past 30 days has the client received outpatient emergency services for mental health needs?
Detox only programs

99904 Client unable to answer.
- 35. Psychiatric Facility Use
How many days in the past 30 days has the client stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs?
Detox only programs

99904 Client unable to answer.
- 36. Mental Health Medication
In the past 30 days, has the client taken prescribed medication for mental health needs?
Detox only programs
Client unable to answer

Chart Cal-OMS Annual Update

- Cal-OMS Annual Update
- Alcohol and Drug Use D...
- Employment Data
- Criminal Justice Data
- Medical/Physical Health...
- Mental Illness**
- Family/Social Data

Mental Illness 33
 No Yes
 Not Sure/Don't Know

Emergency Room Use / Mental Health 34

Psychiatric Facility Use 35

Mental Health Medication 36
 No Yes
 Client unable to answer

| STEPS | Family/Social Data |
|-------|---|
| | <p>33. Social Support How many days in the last 30 days has the client participated in any social support recovery activities such as: 12-step meetings Other self-help meetings Religious/faith recovery or self-help meetings Meetings of organizations other than those listed above. Interactions with family member and/or friend support of recovery?</p> <p>34. Current Living Arrangements <i>Select 'homeless' only when Zip Code at Current Residence is '00000.'</i></p> <p>35. Living with Someone How many days in the past 30 days has the client lived with someone who uses alcohol or drugs? <i>Detox only programs</i> <i>99904 Client unable to answer.</i></p> <p>36. Family Conflict Last 30 Days How many days in the past 30 days has the client had serious conflicts with members of their family? <i>Detox only programs</i> <i>99904 Client unable to answer.</i></p> <p>37. Number of Children How many children does the client have aged 17 or less (birth or adopted), whether they live with the client or not? <i>Detox only programs</i> <i>99904 Client unable to answer.</i></p> <p>38. Number of Children Aged 5 Years Or Younger How many children does the client have age 5 or younger? <i>Value must be less than or equal to Number of Children</i> <i>Detox only programs</i> <i>99904 Client unable to answer.</i></p> <p>39. Number of Children Living with Someone Else How many of the client's children aged 17 and under are living with someone else because of a child protection court order? <i>Value must be less than or equal to Number of Children</i> <i>Detox only programs</i> <i>99904 Client unable to answer.</i></p> <p>40. Number of Children Living with Someone Else and Parental Rights Terminated If the client has children living with someone else because of a child protection court order, for how many of these children aged 17 or under have the client's parental rights been terminated? <i>Value must be less than or equal to Number of Children</i> <i>Detox only programs</i> <i>99904 Client unable to answer.</i></p> <p>41. Submit completed CalOMS Annual Update form</p> |

Chart Cal-OMS Annual Update

- Cal-OMS Annual Update
- Alcohol and Drug Use D...
- Employment Data
- Criminal Justice Data
- Medical/Physical Health...
- Mental Illness
- Family/Social Data**

Submit

Social Support 37

Current Living Arrangements

Homeless 38 Dependent Living

Independent Living

Living With Someone 39

Family Conflict Last 30 Days 40

Number of Children 41

Number Of Children Aged 5 Years Or Younger 42

Number of Children Living With Someone Else 43

Number of Children Living With Someone Else and Parental Rights Terminated 44

CLIENT RELATIONSHIPS

| | |
|-----------------|--|
| LOCATION | CWS □ Clinician Menu □ Client Relationships |
| PURPOSE | The client relationships option is the central point for all client contacts. Use this form to document emergency contact information. including emergency contacts or other providers involved in the client's care. |
| RULES | <ul style="list-style-type: none"> • Authorization for Disclosure is necessary for Emergency Contact person. • May be update as necessary. • Ensure to enter at least one method to contact individuals |
| STEPS | <p>Select the client.</p> <ol style="list-style-type: none"> 1. Enter the date of entry (today) or click "T" for today and continue to the section. 2. Click on Relationships section on the left. 3. Click on the Add New Item button as seen in the image below, this will add a new row to allow information to be entered. 4. Select the Type of Relationship from the drop-down box AND Enter the persons Last Name/ Agency Name & the persons First Name 5. Enter the person's address, City, State and Zip Code Information 6. Click on this button if you would like to see a historical report of the client's contact information. 7. Enter the person's telephone information and Email address if available. 8. Enter relationship Start and End Dates, and the best time to reach contact. 9. Select from drop down menu "Release Available?" and release of information dates. 10. Select from the drop-down menu for the following questions: <ol style="list-style-type: none"> a. Legal Guardian? b. Emergency Contact? c. Next of Kin? d. Enter any notes if necessary. 11. Submit |

Chart Client: Case Coordinator Client Relationships

Entry Date Relationships 2

Submit

Entry Date 06/23/2011 T Y

1

THIS OPTION IS FOR DOCUMENTING ALL CONTACTS RELATED TO A CLIENT NEEDED IN THE COURSE OF TREATMENT

PROCEED TO NEXT TAB TO ENTER INFORMATION

Chart Client Case Coordinator Client Relationships

Entry Date Relationships

Submit 11

| Type of Relationship | Last Name / Agency Name | First N... | Cell Ph... | Work Ph... | Relationship Start Date | Relationship End Date |
|----------------------|-------------------------|------------|------------|------------|-------------------------|-----------------------|
| Foster Parent | BAN | RAY | 831-6... | 963-528... | 07-01-09 | |
| Friend | DOE | JANE | 831-6... | 856-269... | 2009 | |
| Spouse | DOE | JOHN | 856-3... | 954-856... | 2011 | |

Add New Item 3 Edit Selected Item Delete Selected Item

Type of Relationship Last Name / Agency Name

Other Relationship 4 First Name

Address - Street City

Address - Street 2 5 State

Zip Code

6 Historical Emergency Contact Information

Home Phone 6319-965-7458

Cell Phone 856-3214-3652 7

Work Phone 954-856-3695

Email Address

Relationship Start Date 2011

Relationship End Date 8

Best Number/Time to Contact

Release Available?

Release Start Date 9

Release End Date

Legal Guardian?

Emergency Contact? 10

Next of Kin?

Notes

ONSET OF SERVICES

| | |
|-----------------|--|
| LOCATION | AVATAR CWS→CLINICIAN MENU→ONSET OF SERVICES |
| PURPOSE | <p>This form is used to obtain informed consent from the client when they initiate services. This form is to be signed by a minor age 12 or older. You will only need to complete this form ONCE, not on an annual basis. The only circumstance where this form will need to be completed again is if a client has been discharged and not had any case coordinated services for more than 365 consecutive days.</p> <p>When you Submit the form, a report will generate based on the selections of the report.</p> <p>You are also able to run a standalone report if needed – 134 Onset of Services Report</p> <p>To view generic versions of the reports for any specific section, click on the blue hyperlinks that are located at the top of each section within the Onset of Services Form.</p> <p>As you begin to complete this form you will notice that some of the fields will be deactivated, and depending on the selection made, other fields will be required.</p> |
| RULES | <p>Complete each of the sections within the form:</p> <ul style="list-style-type: none">• Informed Consent• Minor Consent• Consumer Rights• Notice of Privacy Practices• Authorization to Use, Exchange and/or Disclose Confidential Behavioral Health Information WITHIN Monterey County Behavioral Health• Revoke Authorization (This needs to complete ONLY if there is a need to revoke the authorization)• Problem Resolution |

**STEPS -
INFORMED
CONSENT**

Once you have selected the client you will be taken directly into the form.

1. **Was the informed consent scanned?**
 - a. If Yes, the rest of the informed consent will deactivate except for the following:
 - i. Date
 - ii. Staff Name
 - iii. Time
 - b. If No, the rest of the informed consent section will be required.
2. **If applicable, was the informed consent interpreted/translated in the client's/representative's preferred language?**
 - a. If Yes, you will need to complete the following required questions:
 - i. What is the client or representative's preferred language? (if other than English or Spanish)
 - ii. Notes on interpretation of informed consent
 - b. If N/A the following will be deactivated:
 - i. What is the client or representative's preferred language? (if other than English or Spanish)
 - ii. Notes on interpretation of informed consent
3. **By signing below the client or their representative acknowledges understanding the informed consent for MCBH services, complete the following fields:**
 - a. **Client/Representative Signature:** If the client is unable to sign; their representative will sign the consent.
 - b. **Name of representative completing this form:** Enter the name of the representative if they signed the informed consent.
 - c. **Relationship to client:** Enter the relationship if any, between the representative and the client.
 - d. **Date:** This field is always required
4. **Client or representative refuses to sign informed consent for MCBH services.**
 - a. If yes, you will need to complete the following:
 - i. Client or representative's reason for refusing to sign informed consent.
 - b. If N/A, the following field will be deactivated.
 - i. Client or representative's reason for refusing to sign informed consent.
5. **Witness (Staff) signature:** this field needs to be signed by the staff completing the form.
6. **Staff Name:** This is a required field. Enter the name of the staff completing the form.
7. **Date (Staff Signature):** the Date of when the Witness (staff) signed the informed consent.
8. **Time:** Enter the time the informed consent was signed.
9. **The printed Informed Consent will be in:** Select the language the client would like to have the informed consent printed. The options are English or Spanish.

Chart Onset of Services

Informed Consent

- Minor Consent
- Consumer Rights
- Notice of Privacy Practi...
- Authorization to releas...
- REVOKE Authorization
- Problem Resolution

Submit


1 Was the informed consent scanned?
 Yes No

2 If applicable, was the informed consent interpreted/translated in the client's/representative's preferred language?
 Yes N/A

What is the client or representative's preferred language?

Notes on interpretation/translation of informed consent

3 By signing below, the client or their representative acknowledges understanding the informed consent for MCBH services

Client/Representative Signature


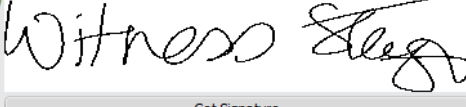
Name of representative completing this form

Relationship to client

Date
 01/21/2014

4 Client or representative refuses to sign informed consent for MCBH services
 Yes N/A

Client or representative's reason for refusing to sign informed consent

5 Witness (Staff) signature


Staff name 6

Date (Staff signature)
 01/21/2014

Time

8

9 The printed Informed Consent will be in
 English Spanish

RULES

This form is to be filled out by a minor age 12 or older in addition to the Informed Consent Section.

**STEPS -
MINOR
CONSENT**

1. **Is this applicable?**
 - a. If this section does not apply to the client, please select "No". Once No is selected the remainder of the Minor Consent Section will be deactivated and you can continue to the Consumer Rights section of the Form.
 - b. If this section is applicable to the client continue filling out the Minor consent section.
2. **Was the Minor consent scanned?**
 - a. If Yes, the rest of the minor consent will deactivate except for the following:
 - i. Date
 - ii. Staff Name
 - iii. Time
 - b. If No, the rest of the minor consent section will be required.
3. **I can give my own consent to these services because I am a minor that is (select one):** The client will select one of the following reasons.
 - a. I am a minor seeking "sensitive" services (*e.g., outpatient mental health services and/or substance abuse treatment*)
 - b. I am emancipated (*e.g., married, active U.S. military, or by court order*)
 - c. I am a self-sufficient minor (*15 years or older, living separate and apart from parent/legal guardian and managing my own finances*)
4. **If applicable, was the Minor Consent interpreted/translated in the client's preferred language?**
 - a. If Yes, you will need to complete the following required questions:
 - i. What is the client or representative's preferred language? (if other than English or Spanish)
 - ii. Notes on interpretation/translation of Minor Consent
 - b. If N/A the following will be deactivated:
 - i. What is the client or representative's preferred language? (if other than English or Spanish)
 - ii. Notes on interpretation/translation of Minor Consent
5. **By signing below, the client acknowledges understanding the Minor Consent for MCBH Services.**
 - a. **Client Signature:** this must be signed by the Minor if the client is 12 or over.
6. **Client refuses to sign Minor Consent for MCBH Services**
 - a. If yes, you will need to complete the following:
 - i. Client's reason for refusing to sign Minor Consent section.
 - b. If N/A, the following field will be deactivated.
 - i. Client's reason for refusing to sign Minor Consent section.
7. **Witness (Staff) signature:** this field needs to be signed by the staff completing the section.
8. **Staff Name:** This is a required field. Enter the name of the staff completing the section.
9. **Date (Staff Signature):** the Date of when the Witness (staff) signed the minor consent.
10. **Time:** Enter the time the minor consent was signed.
11. **The printed Minor Consent will be in:** Select the language the client would like to have the minor consent printed. The options are English or Spanish.

Chart Onset of Services

- Informed Consent
- Minor Consent**
- Consumer Rights
- Notice of Privacy Practi...
- Authorization to releas...
- REVOKE Authorization
- Problem Resolution


Submit

1 Is this applicable?
 Yes No


2 Was the Minor Consent scanned?
 Yes No

3 I can give my own consent to these services because I am a minor that is: (select one)
 seeking sensitive services
 emancipated
 self-sufficient

4 If applicable, was the Minor Consent interpreted/translated in the client's preferred language?
 Yes N/A
 What is the client's preferred language?
 Notes on interpretation/translation of Minor Consent
 will print spanish

5 By signing below, the client acknowledges understanding the Minor Consent for MCBH Services
 Client Signature

 Get Signature

6 Client refuses to sign Minor Consent for MCBH Services
 Yes N/A
 Client's reason for refusing to sign Minor Consent

7 Witness (Staff) signature

 Get Signature

8 Staff name

9 Date

10 Time

11 The printed minor consent will be in
 English Spanish

| | |
|--------------------------------|---|
| RULES | This form must be offered to clients receiving services. |
| STEPS – CONSUMER RIGHTS | <ol style="list-style-type: none"> 1. Date Consumer Rights offered to client? – This is the date that the form was offered to the client 2. If applicable, was the Consumer Rights interpreted/translated in the client’s/representative’s preferred language? <ol style="list-style-type: none"> a. If Yes, you will need to complete the following required questions: <ol style="list-style-type: none"> i. Client or representative’s preferred language? (if other than English or Spanish) ii. Notes on interpretation/translation of Consumer Rights b. If N/A the following will be deactivated: <ol style="list-style-type: none"> i. Client or representative’s preferred language? (if other than English or Spanish) ii. Notes on interpretation/translation of Consumer Rights 3. Client or representative accepted copy of Consumer Rights? <ol style="list-style-type: none"> a. If Yes, you will need to complete the following required field. <ol style="list-style-type: none"> i. Client’s or representative’s reason for refusing copy of Consumer Rights b. If No, the following will be deactivated: <ol style="list-style-type: none"> i. Client’s or representative’s reason for refusing copy of Consumer Rights c. Client Signature: this must be signed by the Minor if the client is 12 or over. 4. The printed Consumer Rights will be in: Select the language the client would like to have the consumer rights printed. The options are English or Spanish. |

Chart Onset of Services

- Informed Consent
- Minor Consent
- Consumer Rights**
- Notice of Privacy Practi...
- Authorization to releas...
- REVOKE Authorization
- Problem Resolution

Submit

0

1 Date Consumer Rights offered to client
01/17/2014 T Y

2 If applicable, was the Consumer Rights interpreted/translated in the client's/representative's preferred language?
 Yes N/A

Client or representative's preferred language?
test

Notes on interpretation/translation of Consumer Rights
test

3 Client or representative accepted copy of Consumer Rights?
 Yes No

Client's or representative's reason for refusing copy of Consumer Rights

4 The printed Consumer Rights will be in
 English Spanish

| | |
|--|---|
| RULES | This form must be GIVEN to clients receiving services. |
| STEPS – NOTICE OF PRIVACY PRACTICES | <ol style="list-style-type: none"> 1. Date Notice of Privacy Practice GIVEN to client? – This is the date that the form was GIVEN to the client 2. If applicable, was the Notice of Privacy Practices interpreted/translated in the client’s/representative’s preferred language? <ol style="list-style-type: none"> a. If Yes, you will need to complete the following required questions: <ol style="list-style-type: none"> i. Client or representative’s preferred language? (if other than English or Spanish) ii. Notes on interpretation/translation of Notice of Privacy Practices b. If N/A the following will be deactivated: <ol style="list-style-type: none"> i. Client or representative’s preferred language? (if other than English or Spanish) ii. Notes on interpretation/translation of Notice of Privacy Practices 3. The printed Notice of Privacy Practices will be in: Select the language the client would like to have the Notice of Privacy Practices printed. The options are English or Spanish. |

The screenshot shows a web-based form titled "Onset of Services". On the left is a sidebar with a menu containing "Informed Consent", "Minor Consent", "Consumer Rights", "Notice of Privacy Pract...", "Authorization to releas...", "REVOKE Authorization", and "Problem Resolution". Below the menu is a "Submit" button and several icons. The main form area has two tabs: "Notice of Privacy Practices (English)" and "Notice of Privacy Practices (Spanish)".

Section 1: "-Date Notice of Privacy Practice GIVEN to client" with a date input field containing "01/17/2014" and buttons for "T", "Y", and a calendar icon.

Section 2: "If applicable, was the Notice of Privacy Practices interpreted/translated into the Client's preferred language" with radio buttons for "Yes" (selected) and "N/A".

Section 3: "Client or representative's preferred language" with a text input field containing "test".

Section 4: "Notes on interpretation/translation of Notice of Privacy Practices" with a large text area containing "test".

Section 5: "-The printed Notice of Privacy Practices will be in" with radio buttons for "English" (selected) and "Spanish".

| | |
|---|--|
| <p>RULES</p> | <p>The completion of this document authorizes the use or release of confidential behavioral health information about the client. It is important that they complete this Authorization prior to receiving services from the Monterey County Behavioral Health (MCBH) to use, exchange, or disclose confidential behavioral health information about the client within Monterey County Behavioral Health programs and with any clinician who works within the program, regardless of discipline, for the purpose of enabling the program and its staff:</p> <ol style="list-style-type: none"> 1. To evaluate the client’s need for behavioral health services, including participation in a co-occurring disorders program, and 2. To provide and coordinate the care the client receives which may include both mental health and substance abuse treatment. |
| <p>STEPS – AUTHORIZATION FOR USE, EXCHANGE, AND/OR DISCLOSURE OF CONFIDENTIAL BEHAVIORAL HEALTH INFORMATION WITHIN MONTEREY COUNTY BEHAVIORAL HEALTH</p> | <ol style="list-style-type: none"> 1. Was the Authorization for Use, Exchange, and/or Disclosure of Confidential Behavioral Health Information WITHIN MCBH scanned? <ol style="list-style-type: none"> a. If Yes, the rest of the Authorization... will deactivate except for the following: <ol style="list-style-type: none"> i. Date ii. Staff Name iii. Time b. If No, the rest of the Authorization... section will be required. 2. This authorization is being completed by? The report will print information based on the selection made on this section. <ol style="list-style-type: none"> a. Adult client or representative b. Minor client of consenting age or representative c. Parent of minor not of consenting age d. Representative of minor not of consenting age 3. Client or representative is authorizing - Select <i>who will be disclosing the information</i>. <ol style="list-style-type: none"> a. MCBH AOD Provider = this is strictly an Alcohol and Other Drug provider b. MCBH MH Provider = this is strictly Mental Health Provider (which does not even offer any dual diagnosis of substance abuse counseling within its services) <p>NOTE: Both boxes should be checked for disclosure of services provided through MCBH since our electronic health record contains information about mental health services and substance abuse services.</p> 4. I understand the MCBH utilizes and electronic health records system and all the providers who may be involved in my or my child’s care may access that record. (Select One) This selection is to determine when the authorization will no longer be in effect. 5. If applicable, was the Authorization for Use...interpreted/translated into the client’s/representative’s preferred language (besides English or Spanish) <ol style="list-style-type: none"> a. If Yes, you will need to complete the following required questions: <ol style="list-style-type: none"> i. Client or representative’s preferred language? (if other than English or Spanish) ii. Notes on interpretation/translation of Authorization for Use... b. If N/A the following will be deactivated: <ol style="list-style-type: none"> i. Client or representative’s preferred language? (if other than English or Spanish) ii. Notes on interpretation/translation of Authorization for Use... 6. Client Signature – Client or representative will sign authorization. |

- a. **If not client, name of representative completing this form** – Enter the name of the person completing this section IF the client is unable to sign or complete this section. Enter in this format:
LASTNAME,FIRSTNAME
- b. **Relationship to client** - Enter the relationship between the client and the representative if any.
- 7. **Client or representative refuses to sign Authorization for Use...**
 - a. If yes, you will need to complete the following:
 - i. Client's reason for refusing to sign Authorization for Use...
 - b. If N/A, the following field will be deactivated.
 - i. Client's reason for refusing to sign Authorization for Use...
- 8. **Witness (Staff) signature:** this field needs to be signed by the staff completing the section.
- 9. **Staff Name:** This is a required field. Enter the name of the staff completing the section.
- 10. **Date** – Enter the date this section was completed.
- 11. **Time:** Enter the time this section was completed
- 12. **The printed Authorization for Use... will be in:** Select the language the client would like to have the Authorization printed. The options are English or Spanish.

Chart Onset of Services

- Informed Consent
- Minor Consent
- Consumer Rights
- Notice of Privacy Practi...
- Authorization to releas...**
- REVOKE Authorization
- Problem Resolution

Submit

1 Was the Authorization for Use, Exchange and/or Disclosure of Confidential Information WITHIN MCBH scanned?

Yes No

2 This authorization is being completed by

Adult client or representative
 Minor client of consenting age or rep
 Parent of minor not of consenting age
 Rep of minor not of consenting age

3 Client or representative is authorizing

My/my child's MCBH AOD Provider
 My/my child's MCBH MH Provider

to use, exchange, or disclose confidential behavioral health information about me or my child within Monterey County Behavioral Health programs and with any clinician who works within the program, regardless of discipline, for the purpose of enabling the program and its staff:

- To evaluate my need for behavioral health services, including participation in a co-occurring disorders program, and
- To provide and coordinate the care I receive which may include both mental health and substance abuse treatment.

I specifically authorize the use, exchange or disclosure of information pertaining to my or my child's medical history, mental health, HIV and/or substance abuse treatment information.

4 I understand that MCBH utilizes an electronic health record system and all the providers who may be involved in my or my child's care may access that record.

This authorization for inclusion... This authorization for inclusion of all of my or my child's behavioral health information in one file expires when the record is removed from the system at the end of the County's record retention period.

This authorization expires 90... This authorization expires 90 days after my or my child's treatment ends or when there is no longer any need for access by Monterey County Behavioral Health treatment program providers whichever is sooner.

- Notice of Privacy Practi...
- Authorization to releas...**
- REVOKE Authorization
- Problem Resolution

Submit



5

If applicable, was the Authorization for Use, Exchange, and/or Disclosure of Confidential Information WITHIN MCBH interpreted/translated into the client's/representative's preferred language

Yes N/A

Client or representative's preferred language

Notes on interpretation/translation of Authorization for Use, Exchange, and/or Disclosure of Confidential Information WITHIN MCBH

By signing below, the client or their representative acknowledges understanding the Authorization for Use, Exchange, and/or Disclosure of Confidential information WITHIN MCBH

6

Client signature

Auth Client

Get Signature

If not client, name of representative completing this form

Relationship to client

7

Client or representative refuses to sign Authorization for Use, Exchange, and/or Disclosure of Confidential information WITHIN MCBH

Yes N/A

Client's or representative's reason for refusing to sign Authorization for Use, Exchange, and/or Disclosure of Confidential information WITHIN MCBH

8

Witness (Staff) signature

Auth Witness

Get Signature

Staff Name

10

Date

 T Y

11

Time

 Current H M AM/PM

12

The printed Authorization will be in

English Spanish

| | |
|-------------------------------------|---|
| RULES | This section of the Onset of Services will be completed when and if there is a need to REVOKE the existing Authorization for Use, Exchange, and/or Disclosure of Confidential information WITHIN MCBH |
| STEPS – REVOKE AUTHORIZATION | <p>1. Was this revoked Authorization scanned?</p> <p>a. If Yes, you will need to complete the following required questions:</p> <ol style="list-style-type: none"> i. Date authorization revoked - This is the actual date the client relayed the information of revoking the authorization. ii. Staff Name - Enter the STAFF name of the person who is receiving the information that the client is revoking this Authorization. iii. Notes on revocation of authorization- Enter the reason why the client is revoking this authorization. <p>If the Revoke Authorization was not scanned, the questions are not required. However, if you receive the notification from the client verbally you will need to complete all questions.</p> |

| | |
|-----------------------------------|---|
| RULES | <p>Clients will not be subjected to discrimination, intimidation, or any other retaliation for expressing concerns, filing a Grievance or Appeal. If a client is unhappy with any issue related to the mental health services they are receiving, they have options that may help them with the resolution of these issues.</p> <p>This form will be offered to client.</p> |
| STEPS – PROBLEM RESOLUTION | <ol style="list-style-type: none"> 1. Date Problem Resolution was offered to the client - Enter the date staff offered this form to the client. 2. If applicable, was the Problem Resolution Form interpreted/translated into the client's/ representative's preferred language - <ol style="list-style-type: none"> a. If Yes, you will need to complete the following required questions: <ol style="list-style-type: none"> i. Client or representative's preferred language? (if other than English or Spanish) ii. Notes on interpretation/translation of Problem Resolution b. If N/A the following will be deactivated: <ol style="list-style-type: none"> i. Client or representative's preferred language? (if other than English or Spanish) ii. Notes on interpretation/translation of Problem Resolution 3. Client or representative accepted copy of the Problem Resolution Form? <ol style="list-style-type: none"> a. If Yes, the following question will be deactivated. <ol style="list-style-type: none"> i. Client's or representative's reason for refusing copy of Problem Resolution form. b. If No, the following question will be required. <ol style="list-style-type: none"> i. Client's or representative's reason for refusing copy of Problem Resolution Form. 4. The printed Problem Resolution will be in: Select the language the client would like to have the Problem Resolution printed. The options are English or Spanish. |

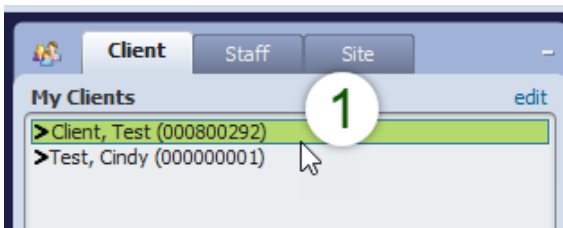
The screenshot shows a web-based form interface. The top navigation bar includes 'Chart' and 'Onset of Services'. A sidebar on the left contains a menu with items like 'Informed Consent', 'Minor Consent', 'Consumer Rights', 'Notice of Privacy Practi...', 'Authorization to releas...', 'REVOKE Authorization', and 'Problem Resolution'. The main form area has four sections, each with a numbered callout:

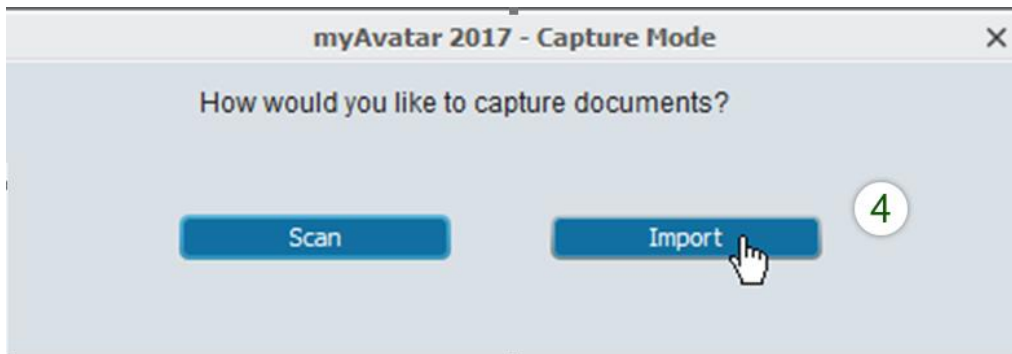
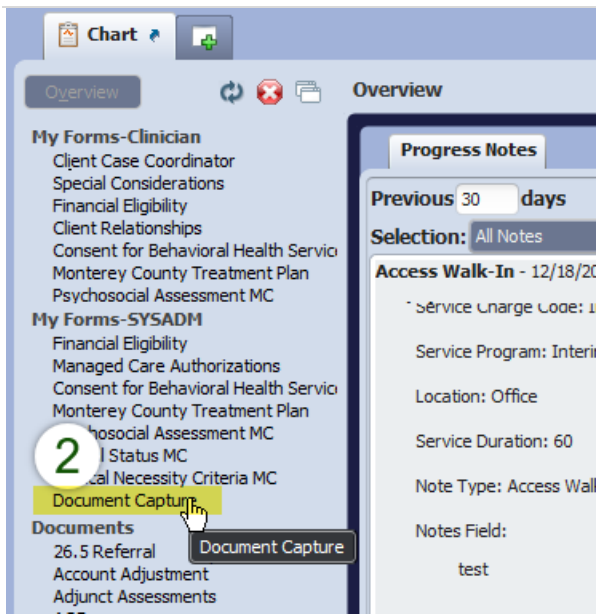
- 1:** Points to the 'Date Problem Resolution Form offered to client' field, which contains '01/17/2014' and a calendar icon.
- 2:** Points to the 'If applicable, was the Problem Resolution Form interpreted/translated into the client's/representative's preferred language' section. It includes radio buttons for 'Yes' (selected) and 'N/A', and a text field for 'Client or representative's preferred language' containing 'test'. Below it is a text area for 'Notes on interpretation/translation of Problem Resolution' containing 'test'.
- 3:** Points to the 'Client or representative accepted copy of the Problem Resolution form' section. It includes radio buttons for 'Yes' (selected) and 'No'. Below it is a text area for 'Client's or representative's reason for refusing copy of Problem Resolution form' containing 'problem resolution reason'.
- 4:** Points to the 'The printed Problem Resolution Form will be in' section, which has radio buttons for 'English' (selected) and 'Spanish'.

DOCUMENT CAPTURE

This chapter will cover how to import a document from a file on your computer or an attachment from an email. This feature allows you to scan historical paper charts into a current electronic medical record system. A benefit of using document imaging is that documents are unalterable and become part of the client's electronic medical record. Staff can process medical records requests in an efficient and timely manner to better serve our clients.

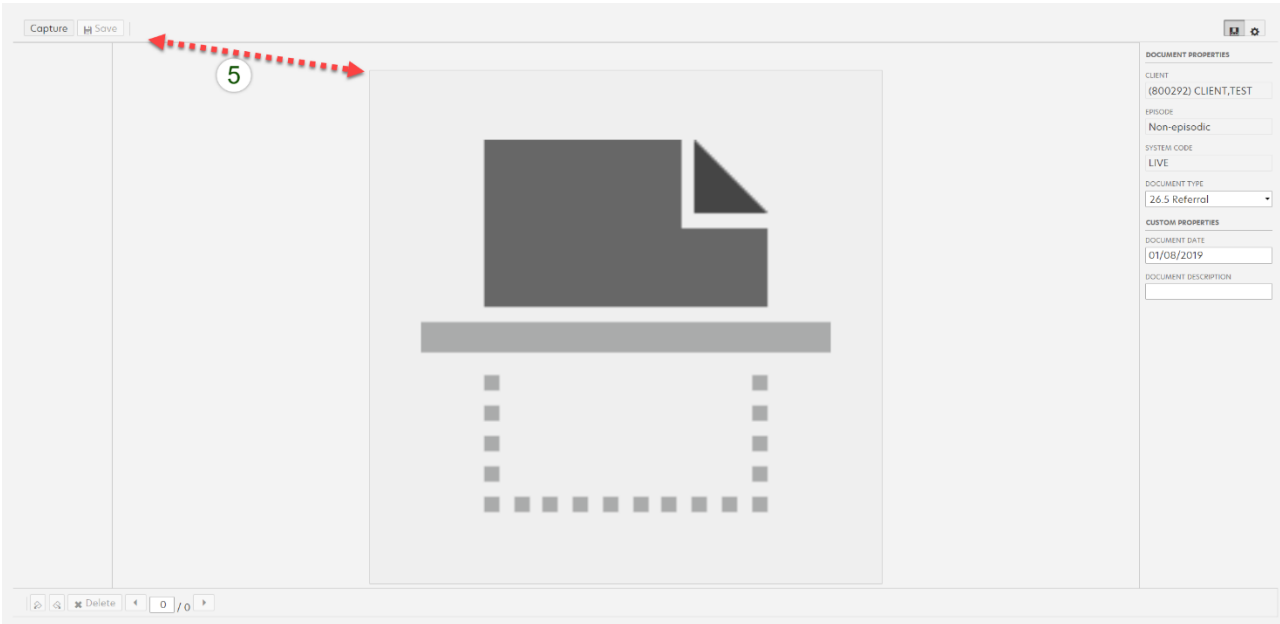
| | |
|-----------------|--|
| LOCATION | AvatarPM → Radplus Utilities → Document Management |
| PURPOSE | <p>The purpose of the “Document Capture” form is to be able to import scanned documents into the client’s electronic health record and integrate both paper documents and electronic documents.</p> <p>Our goal is to assure that all clinical information is shared internally in an effective and efficient manner.</p> |
| RULES | <ul style="list-style-type: none">• Document Capture must be launched from the client chart overview (double click on the client ID/Name)• All documents must be imported as NON-EPISODIC• Scanning categories for County staff do not have a prefix. Contracted providers start with the agency name or their Abbreviated agency initials. (see below)<ul style="list-style-type: none">▪ Community Human Resources = CHS▪ Door To Hope = DTH▪ Interim Inc = Interim▪ FSA of San Francisco =PREP▪ Pajaro Valley Prevention Agency = PVPSA▪ Sun Street Centers = SSC▪ USC Telehealth = USCT▪ Valley Health Associates = VHA▪ The Village Project = Village▪ Young Women’s Christian Association = YWCA• In the description enter the following:<ul style="list-style-type: none">○ Title of the document you are scanning.○ The date that is in the document, such as assessment date, IEP date, lab date, consent date, etc. (NOT the date you are scanning)○ Where the document is coming from<ul style="list-style-type: none">▪ Example: “Lab Report 3/1/2016 LabCorp” |
| STEPS | <ol style="list-style-type: none">1. Search for the client – double click on the client name/number to get to the client chart OVERVIEW.2. Once in the chart overview, select “Document Capture.”3. When prompted to select Episode Number, click OK. DO NOT SELECT an episode.4. If you are prompted “How would you like to capture documents?” Select “Import” |





STEPS

5. You can capture a document 2 different ways
 - a. Click on “Capture” located on the top left corner.
 - b. Or, click on the large paper icon located in the center of the screen



STEPS

6. in the “Select Files” box, click on Browse.
7. Select the document you are uploading for the selected client.
8. Click on “Open”

Select Files

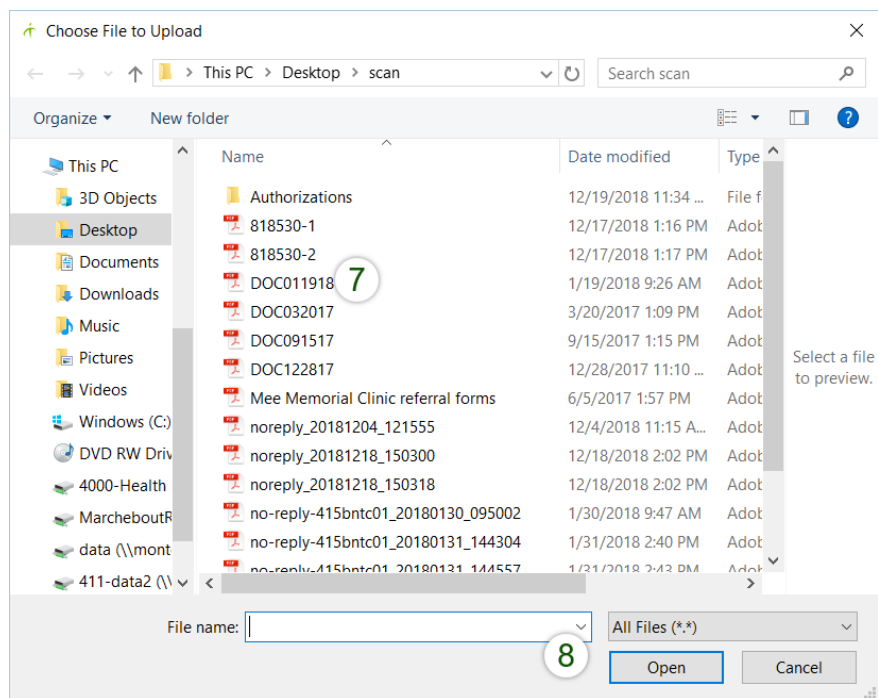
6

Browse or drag and drop files here.

no files selected.


Cancel

Done



STEPS

9. Verify that the file has been selected, then press “Done”
10. Verify the Document Properties are correct.
11. **Document Type:** Use the drop down menu to select a category
12. **Document Date:** Leave this field alone. The date will default in for the day you imported the document
13. **Document Description:** Enter the description of the scanned document. Such as
 - a. Name of the document
 - b. Date in the document
14. Once you have verified the document has been imported and you have entered the items 11-13, click on **Save**.
15. Once you see “Save was successful” and “Document Added to Avatar!” the document has been successfully imported into the client chart.

To add additional documents for the same client, repeat the steps. Otherwise, to view the documents captured, click on [Overview](#) then refresh 

Select Files

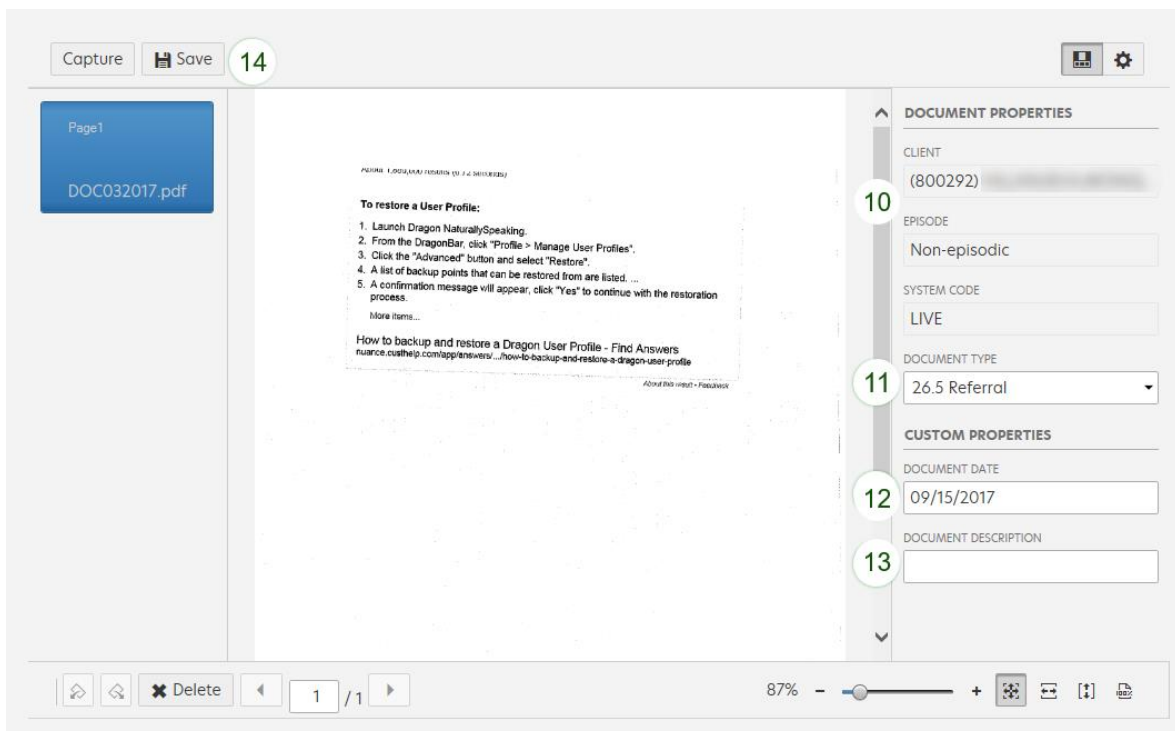
[Browse](#) or drag and drop files here.

1 files selected.

9

Cancel

Done



The screenshot shows a document capture interface. At the top left, there are buttons for 'Capture' and 'Save', with a circled '14' next to 'Save'. Below these is a list of files, including 'Page1' and 'DOC032017.pdf'. The main area displays a scanned document page with text about restoring a user profile. On the right side, there is a 'DOCUMENT PROPERTIES' panel with the following fields: CLIENT (800292), EPISODE (Non-episodic), SYSTEM CODE (LIVE), DOCUMENT TYPE (26.5 Referral), CUSTOM PROPERTIES, DOCUMENT DATE (09/15/2017), and DOCUMENT DESCRIPTION. A circled '10' is next to the CLIENT field, a circled '11' is next to the DOCUMENT TYPE field, and a circled '12' is next to the DOCUMENT DATE field. At the bottom, there is a navigation bar with a 'Delete' button, page navigation (1/1), and a zoom level of 87%.

Capture

Save

15

- ✓ Save was successful. ✕
- ✓ Document Added to Avatar! ✕



⏪ ⏩ ✕ Delete 0 / 0

75% - +

SCANNED DOCUMENT CATEGORIES

- **26.5 REFERRAL**: For 26.5 referrals from the schools
- **ACCOUNT ADJUSTMENT**: Account Adjustment form received from the billing department when a clinician/PAR is adjusting the clients UMDAP information.
- **ADJUNCT ASSESSMENTS**: such as Assessments from the Crisis Unit
- **AOD**: Alcohol and Other Drug Program Information
- **APS/CPS MANDATED REPORTS**: Adult Protection Services and Child Protection Services – mandated reports
- **BH CONSENT**: Signed consent forms
- **CLINICAL DOCUMENTS**: Other documents not covered in the EMR that are generated from clinical staff.
- **CONTROLLED SUBSTANCE PRESCRIPTIONS**: For medication prescriptions that require a controlled substance prescription be handed to the client.
- **COURT/LEGAL DOCUMENTS**: Conservatorship documents, court orders, 5150, CPS reports, APS reports, CNC court updates, probation documentation, booking info, and attorney letters.
- **CRISIS ASSESSMENT**: All Crisis Assessments are to be scanned under this category.
- **FINANCIAL**: For clients financial information
- **HISTORICAL CHART**: information previously in the paper chart
- **PHOTO IDENTIFICATION**: Copy of the client's driver license or valid ID
- **IEP (INDIVIDUALIZED EDUCATION PLAN)**: for the Copy of the Individualized Education Plan
- **INCOMING CORRESPONDENCE**: Documentation related to client's physical health care such as documents from primary care physicians and Letters coming into the clinic related to the client, **NOT** including legal correspondence or documents from service providers.
- **INSURANCE, MEDI-CAL & MEDICARE CARD**: Copy of client's insurance cards, private, including Medi-cal and Medicare.
- **INTERIM**: Documents from our Interim programs
- **LABS**: Labs received from multiple sources
- **MEDICATION CONSENT**: Various medication consents signed by client given by MD.
- **MEDICATION PROGRESS NOTES**: Is used for historic progress notes that were in the client's paper chart.
- **OUTGOING CORRESPONDENCE**: Letters sent from behavioral health office, such as letters from clinical staff.
- **PRIMARY CARE DOCUMENTATION**: Documents received from clients primary care physician office.
- **PROVIDER DOCUMENTATION**: Treatment plans from outside providers, treatments updates from providers, letters or other or other documentations related to services from a service provider (e.g., Interim Inc., Kinship center, Manzanita, CHOMP, NMC discharge info. Crisis intake info, etc.)
- **REFERRAL**: Use this category for all Referrals except for the 26.5 Referral
- **PSYC TESTING MATERIALS**:
- **RELEASE OF INFORMATION**: The purple form signed by clients.
- **SAFETY PLAN**:
- **SSA LETTERS**: Letters or documents from The Social Security Administration related to benefits, and the request of medical records.
- **STRENGTHS ASSESSMENT**: Strengths assessments
- **TAR PACKET**: Treatment Authorization Requests that are received from hospitals.

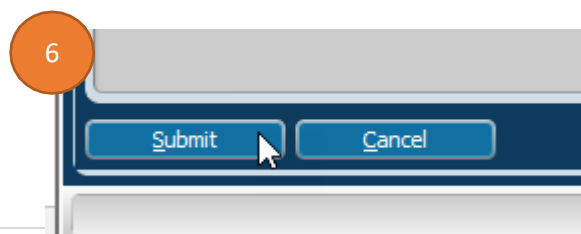
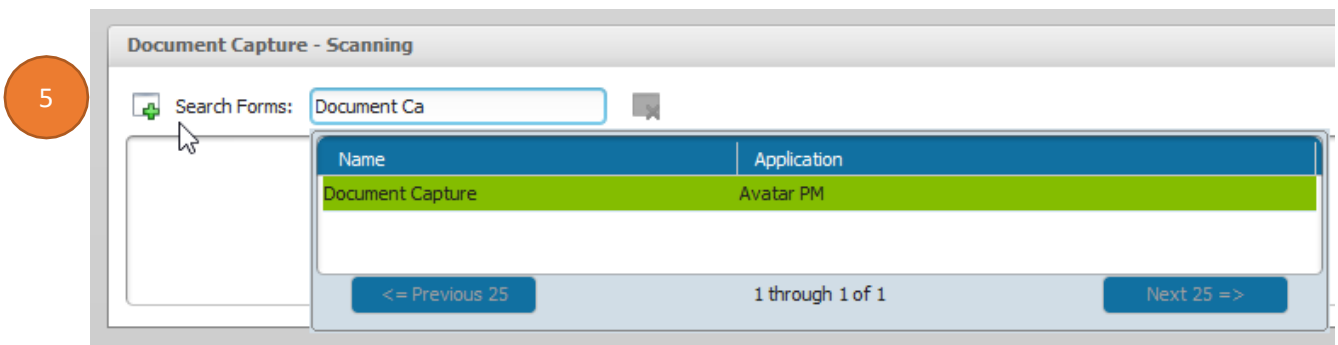
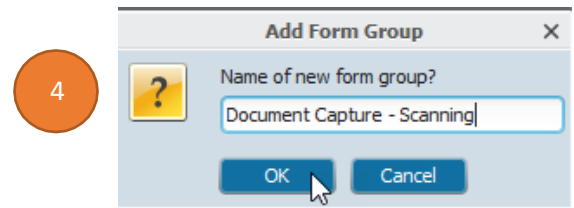
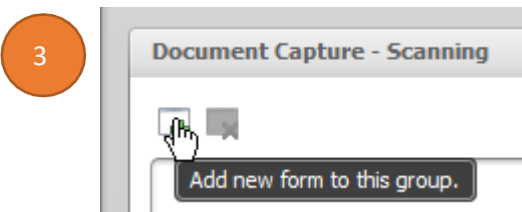
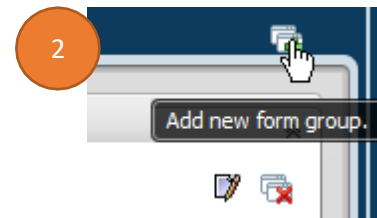
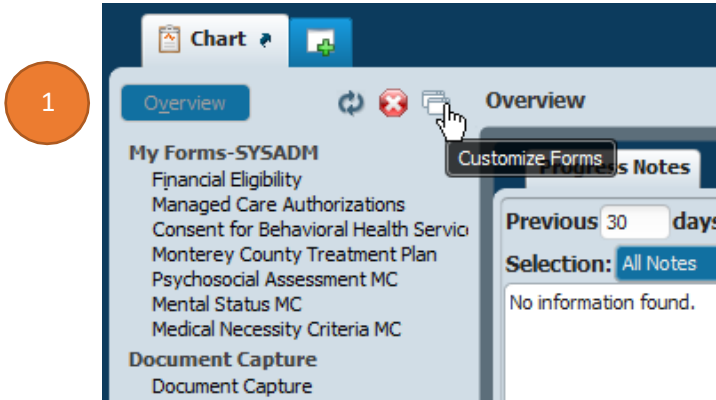
ADDING DOCUMENT CAPTURE TO CHART OVERVIEW

This will allow you to easily access Document Capture from within the client's chart overview.

STEPS- ADDING DOCUMENT CAPTURE

Go to your clients Chart Overview.

1. Click on "Customize Forms"
2. Click on the green plus sign on the right of the screen.
3. Name the form group: Document Capture - Scanning
4. Add the form by clicking on the green plus sign.
5. Search for the form Document Capture. Select by double clicking on the form name.
6. Click "Submit"



VIEWING SCANNED DOCUMENTS FROM CHART VIEW

You can view scanned documents From CHART VIEW.

STEPS- VIEWING SCANNED DOCUMENTS

Go to your clients Chart Overview. On the left side of the screen, you will see a **Documents** Category.

7. Click on My Avatar Scans
8. Select the documents you want to view or Print.
9. Press on the View button or on the Print Selected to Print
10. To close and go back to the chart view section

The screenshot displays a software interface for a 'Chart Overview'. On the left sidebar, under the 'Documents' category, 'My Avatar Scans' is highlighted with a red circle containing the number '1'. The main content area is divided into several sections:

- Progress Notes:** A tab labeled 'Previous' with the text 'No information found.'
- Client Notifications:** A section titled 'Special Considerations Yes' and 'TP Expiration'.
- Current Medications:** A section showing 'Name: CLIENT,TEST : 000' and a table with a 'Medication' header.
- Client Episodes:** A table listing various episodes with columns for 'EpProgram Name' and 'Adn'.
- Diagnosis:** A table with columns for 'Primary Dx', 'EpType', and 'Co 1 iag'.

Chart

Overview : My Avatar Scans

Non-Episodic (3) 16: TEST only (0) 08/23/2010 - Active 15: Access toatment Salinas (0) 08/19/2011 - ?3/2011 14: ZADP Valle 06/24/2011 - A

| | View | Print | Client ID | Client Name | Episode | Document |
|--|-------------------------------------|--------------------------|-----------|-------------|-------------|-----------------|
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 800292 | CLIENT,TEST | Nonepisodic | My Avatar Scans |
| | <input type="checkbox"/> | <input type="checkbox"/> | 800292 | CLIENT,TEST | Nonepisodic | My Avatar Scans |
| | <input type="checkbox"/> | <input type="checkbox"/> | 800292 | CLIENT,TEST | Nonepisodic | My Avatar Scans |

2

Document List

3 View Print Selel Close All Documents

Clinician
 Admission
 Diagnosis
 Update Client Data

My Forms-EMRSupportStaff
 Diagnosis
 Managed Care Authorizations
 > Electronic Signature Agreement CL
 > Case Coordinator
 TAR Review Document
 > Consent for Behavioral Health Ser
 Utilization Review
 Allergies and Hypersensitivities
 Problem List
 Client/Caregiver Education
 Physical
 Health and Review of Systems
 Monterey County Treatment Plan
 MC_MORS
 Psychosocial Assessment MC
 Mental Status MC
 Medical Necessity Criteria MC
 CAFAS Assessment
 MCSTART Developmental Assessm
 > Medication Consent Form
 Special Considerations
 Treatment Plan Participation Cons

My Forms-SYSADM
 Financial Eligibility
 Diagnosis
 Managed Care Authorizations
 > Consent for Behavioral Health Ser
 Monterey County Treatment Plan
 Psychosocial Assessment MC
 Mental Status MC
 Medical Necessity Criteria MC

Documents

Non-Episodic (3)

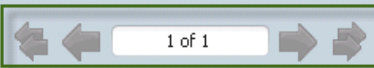
16: TEST only (0)
08/23/2010 - Active

15: Access to Treatment Salinas (0)
08/19/2011 - 08/23/2011

14: ZADP Valley Health OP (0)
06/24/2011 - Active

13: Access CS (0)
06/23/2011 311

12: E
05/31



50 %



To rotate the page

My Avatar Scans

To move from one page to the other

To minimize or maximize the screen

| Please answer the following questions regarding your event: | | Yes |
|---|--|-----|
| Will event be open to the public? | | |
| Will admisson be charged? | | |
| Will event generate revenue or be a fundraiser? | | |
| If yes, please provide City of Roseville Business License # | | |
| Will your event have alcohol? | | |
| Will you be selling alcohol? | | |
| Will you be serving food? | | ✓ |
| Will you be selling food? | | |

Document List

CLIENT, TEST (800292) - My Avatar Scans

View

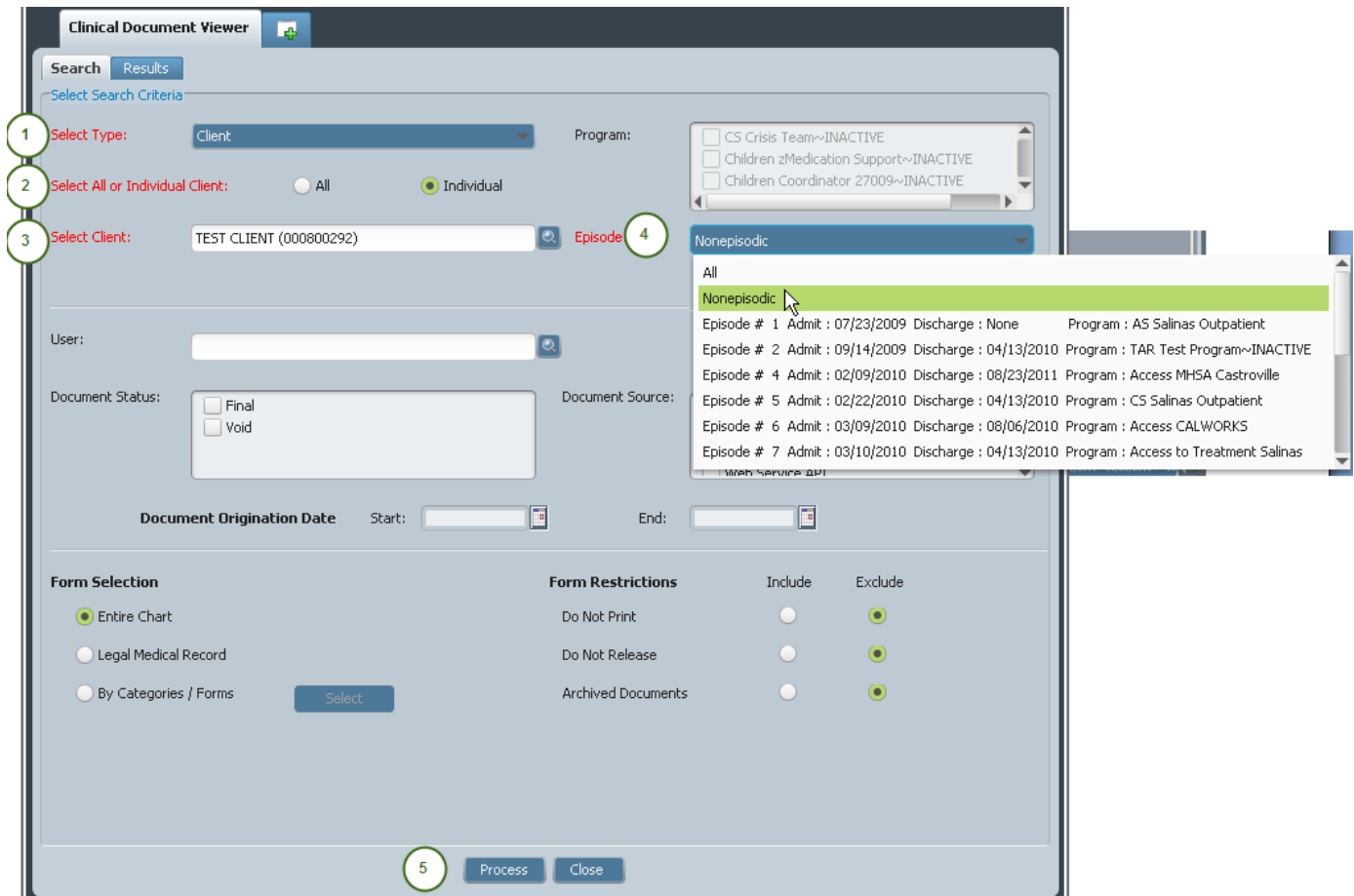
Print

Close All Documents

4

VIEWING SCANNED DOCUMENTS FROM CLINICAL DOCUMENT VIEWER

| | |
|--|--|
| LOCATION | Avatar CWS → Document Management → Clinical Document Viewer |
| STEPS-VIEWING SCANNED DOCUMENTS | <ol style="list-style-type: none"> 1. Select type: "Client." 2. Select All or Individual Chart: "Individual" 3. Enter the client ID or Client Name of the person you want to view the scanned documents for 4. For Episode: Select Non Episodic (Documents are scanned on a client level) 5. Click on Process 6. Select the documents you want to view. 7. Press on the View button. 8. To close and go back to the chart view section |



Clinical Document Viewer

Search Results

- Client
 - CLIENT,TEST
- Form Categories
 - Clinical Documentation

| View | Client ID | Client Name | Episode | Document Description | Document Date | Document Status | Form Name | User | Do Not Release |
|-------------------------------------|-----------|-------------|-------------|----------------------|---------------|-----------------|-----------------|-----------------|----------------|
| <input checked="" type="checkbox"/> | 800292 | CLIENT,TEST | Nonepisodic | My Avatar Scans | Oct 12, 2011 | Final | My Avatar Scans | Rendell Requiro | |
| <input type="checkbox"/> | 800292 | CLIENT,TEST | Nonepisodic | My Avatar Scans | Oct 18, 2011 | Final | My Avatar Scans | Rendell Requiro | |
| <input type="checkbox"/> | 800292 | CLIENT,TEST | Nonepisodic | My Avatar Scans | Oct 21, 2011 | Final | My Avatar Scans | Rosa E March... | |

Document List

View Print Void Close All Documents

My Avatar Scans Print All

Non-Episodic (3) 16: TEST only (0) 08/23/2010 - Active 15: Access to Treatment Salinas (0) 08/19/2011 - 08/23/2011 14: ZADP Valley Health OP (0) 06/24/2011 - Active 13: Access CALWORKS (0) 06/23/2011 - 08/23/2011 12: ER Crisis NMC (0) 05/31/2011 - 08/23/2011 11: 05

1 of 1 50%

To rotate the page

To move from one page to the other

To minimize or maximize the screen

| Please answer the following questions regarding your event: | | Yes | No |
|---|---|-----|----|
| Will event be open to the public? | | | ✓ |
| Will admsslion be charged? | | | ✓ |
| Will event generate revenue or be a fundraiser? | | | ✓ |
| If yes, please provide City of Roseville Business License # | | | |
| Will your event have alcohol? | | | ✓ |
| Will you be selling alcohol? | | | ✓ |
| Will you be serving food? | ✓ | | |
| Will you be selling food? | | | ✓ |

Document List CLIENT,TEST (800292) - My Avatar Scans

To Print records Print Close All Documents

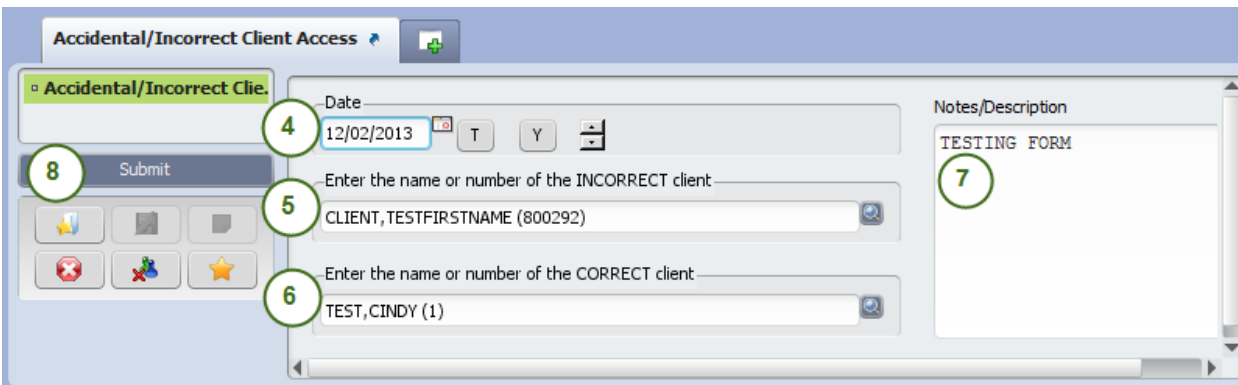
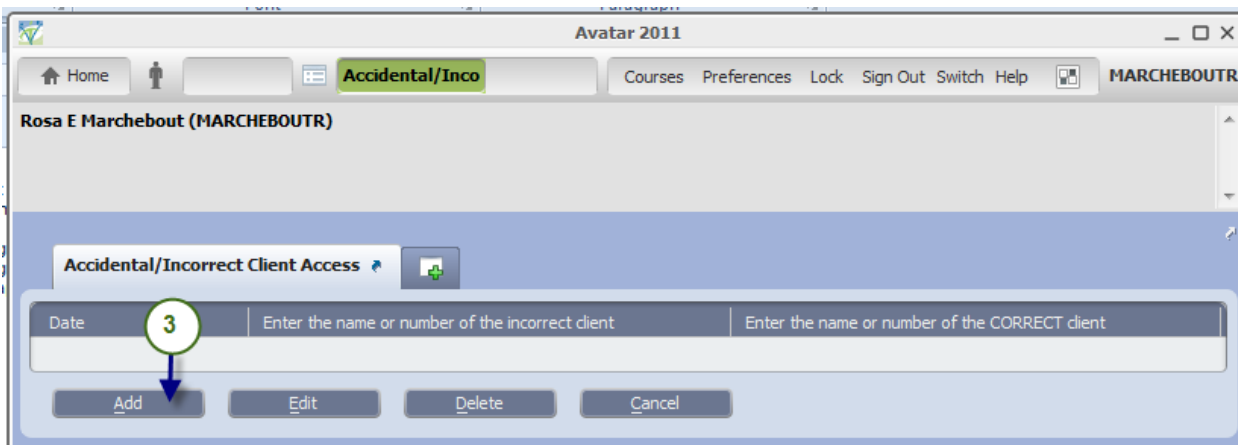
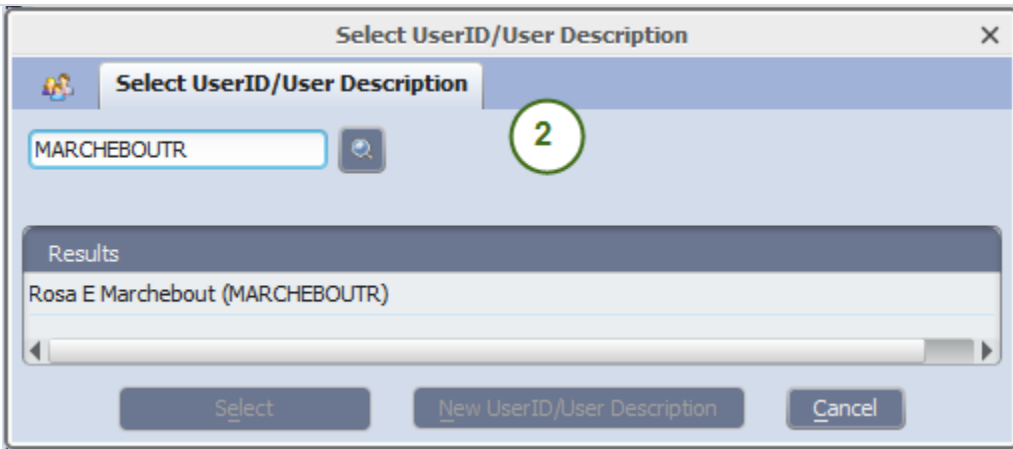
ACCIDENTAL/INCORRECT CLIENT ACCESS

| | |
|-----------------|---|
| LOCATION | AVATAR CWS→CLINICIAN MENU→ACCIDENTAL/INCORRECT CLIENT ACCESS |
| PURPOSE | <p>To protect client's confidentiality only those individuals who are authorized to access the client's health information for treatment purposes may do so. It is our policy that no staff member may access a client's health record for their own personal gain. We recognize that there may be times when a staff member enters a client number incorrectly and gains access to a client's record in error. As a result, we have developed this form to more accurately document when a client's health record has been accessed in error.</p> <p>This form will be used for audit purposes to evaluate who has accessed the record and for what purpose. This form may also help staff members recall the reason the record was accessed and when the error occurred, if this is ever in question.</p> |
| RULES | <p>This form shall be completed by the staff member who accessed the client's health record in error. The staff member will enter a brief description of the error (i.e., wrong client number entered).</p> <p>Do not enter another client's name in the description.</p> |
| STEPS | <ol style="list-style-type: none"> 1. Select Accidental/Incorrect Client Access 2. Enter your NTID (your Avatar USERNAME) and select. 3. The first time you enter data into this form it will default open to the form. If you have previously entered data, from the pre-display select ADD to enter new information or Edit to make changes to an existing entry. 4. Enter the date of the Incorrect client was accessed. 5. Enter the Client ID or Name of the INCORRECT client. 6. Enter the Client ID or Name of the CORRECT client. 7. Enter a description of why or how you accessed INCORRECT client. (i.e., wrong client number entered). 8. Submit. |

| Name | Menu Path |
|--|-----------------------------|
| Accidental/Incorrect Client Access | Avatar CWS / Clinician Menu |
| Accidental/Incorrect Client Access Rpt | Avatar CWS / Clinician Menu |

1

<= Previous 25 Next 25 =>



ACCOUNT OF DISCLOSURE

| | |
|-----------------|---|
| LOCATION | Avatar CWS → Quality Assurance → Account of Disclosure |
| PURPOSE | Track Information released from record. |
| RULES | This form is required when information is released. |
| STEPS | <p>Select the client. If there are previous entries, you will see a pre-display screen- To enter a new disclosure click "Add."</p> <ol style="list-style-type: none">1. Enter the Date of Disclosure2. Enter the information of the Agency you are disclosing the information to3. Enter a description of the information that was disclosed.4. Enter a reason why the information was disclosed.5. Is there an authorization to release this information? Select yes or no.6. Enter the Name of the Staff that release the information.7. Enter any comments if necessary.8. Submit |

The screenshot shows the 'Account of Disclosure' form interface. The form is titled 'Account of Disclosure' and has a 'Submit' button. The form fields are as follows:

- Date of Disclosure**: A date picker field with a calendar icon and a '1' callout.
- Information Disclosed to (name and address)**: A text area with a '2' callout.
- Description of PHI Disclosed**: A text area with a lightbulb icon and a '3' callout.
- Purpose of Disclosure**: A text area with a lightbulb icon and a '4' callout.
- Authorization for Release**: A dropdown menu with a '5' callout.
- Name of Staff who Released Information**: A text field with a '6' callout.
- Comments**: A text area with a '7' callout.

The 'Submit' button is located on the left side of the form and has an '8' callout.

GENERAL AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL HEALTH INFORMATION

| | |
|-----------------|---|
| LOCATION | CWS →CLINICIAN MENU →GENERAL AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL HEALTH INFORMATION |
| PURPOSE | This form is used to obtain client consent prior to disclosure of information in accordance with regulations. |
| RULES | Complete an authorization for everyone PRIOR to any disclosure. Follows confidentiality regulations for permissible disclosure of protected health information |
| STEPS | <p>Select the client or if the client is in your recent clients section, make sure he is the selected client (it will be highlighted).</p> <ol style="list-style-type: none">1. Select whether form was scanned (completed on paper and scanned in health record)2. Enter the entity(ies) or individual permitted to disclose the information.3. Select the type of health information that may be disclosed.4. Enter the amount and kind of information to be disclosed.5. Enter the names of the individuals to WHOM information may be disclosed.6. Enter the entity(ies) to WHOM the information may be disclosed. The client has a treating provider relationship with this entity.<ol style="list-style-type: none">a. Treating Provider Relationship means a provider who can assess, diagnose, and treat.7. Enter the purpose for the disclosure.8. Client initials. Use signature pad by clicking “get signature” button.9. Select when authorization to expires.10. Client signature to authorize disclosure. To get client signature by clicking on “get signature” and date of signature. If a representative is signing for the client; indicate their name and relationship.11. Indicate whether authorization was interpreted/translated in language other than English/Spanish12. Indicate if copy of authorization was accepted to client/representative.13. Designate the language which this document will print |

Chart GENERAL Authorization for Disclosure of Confidential Health Information

Authorization
Revoke

Submit

Was the authorization scanned? **1**
 Yes No

Entity(ies), or individual(s) permitted to disclose the information identified **2**

The following health information may be disclosed **3**
 HIV test results
 Mental health treatment information
 The following SUD information

Amount and kind of information to be disclosed **4**

Named Individual(s): Information identified may be disclosed to the following named individual(s) **5**

Treating Provider Relationship: The information identified may be disclosed to the following named entity(ies) with which I have a treating provider relationship **6**

or choose treatment providers from this list
 CHS-Mental Health Program
 CHS-Substance Use Program
 DTH-Mental Health Program

Third Payer(s): Information identified may be disclosed to the following named third-party payer(s)

The information identified may be disclosed for the following purpose(s) (please explicitly identify the purpose(s) for which you are authorizing disclosure): **7**

I hereby confirm my understanding that this authorization is subject to revocation at any time, except to the extent that the part 2 program or other lawful holder of patient identifying information that is permitted to make the disclosure has already acted in reliance on it. Acting in reliance includes the provision of treatment services in reliance on a valid authorization to disclose information to a third-party payer.

Client initials

8

Get Signature

This authorization expires

90 days after treatment ends

OTHER

Authorization expires on following date, event or condition

Patient's Rights and Warnings:

- (a) I may refuse to sign this authorization. My refusal could affect my ability to obtain services under this specific program, but efforts will be made to offer services under other programs.
- (b) I may inspect or obtain a copy of the health information of which I am authorizing the disclosure.
- (c) I may revoke this authorization at any time, either verbally or in writing. If I revoke in writing, I understand that I may submit my revocation to my treatment provider My revocation will take effect upon receipt, except to the extent that others have acted in reliance upon this authorization.
- (d) I have a right to receive a copy of this authorization and will be offered a copy.
- (e) Information disclosed pursuant to this authorization could be re-disclosed by the recipient. Such re-disclosure is in some cases not prohibited by California or federal law (e.g. HIPPA)
- (f) Substance use disorder information may not be re-disclosed unless another authorization for such disclosure is obtained from me, or unless such disclosure is specifically required or permitted by law.

When required for a patient who is incompetent or deceased, the signature of an individual authorized to sign under 42 CFR §2.15

If signed by a person other than the patient, pursuant to 42 CFR §2.15, identify the relationship of the person authorized to sign

Client or Representative signature

10

Get Signature

If signed by someone other than the client, please indicate name

If signed by someone other than the client, please indicate relationship

Date

T Y

Time

Current H M AM/PM

This form was translated/interpreted for me in my preferred language (Other than English/Spanish): **11**

Yes N/A

Language other than English/Spanish:

Notes on translation/interpretation:

Copy of authorization accepted by client or representative? **12**

Yes No

Reason copy not accepted by client or representative:

13 The printed Authorization will be in:

English Spanish

- STEPS**
1. Indicate if form was scanned in health record.
 2. Date authorization was revoked; staff completing revocation; and reason for revocation

Chart GENERAL Authorization for Disclosure of Confidential Health Information

Authorization

- Revoke

Submit

Was this revoked authorization scanned? **1**

Yes No

Date Authorization Revoked:

Staff Name:

Notes on Revocation of Authorization:

2

WITHIN AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL HEALTH INFORMATION

| | |
|-----------------|--|
| LOCATION | CWS →CLINICIAN MENU →WITHIN AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL HEALTH INFORMATION |
| PURPOSE | This form is used to obtain client consent to save information within the Monterey County Behavioral Health electronic health record, Avatar. As a behavioral health system, a holistic treatment of care is ideal. |
| RULES | <p>Complete the “WITHIN” authorization for each individual as they enter treatment. The “WITHIN” authorization is placed within the onset of services form and is also available as a stand-alone form. PRIOR to any disclosure Must be completed at least once at time of admission.</p> <p>May be completed by multiple programs, however, only required to be completed once at start of services or when there is a break in all services for 365 days or greater.</p> <p>The “WITHIN” authorization has been prefilled to meet the sharing of information between MCBH and its contracted providers.</p> <p>May be revoked at any time.</p> <p>Contact MCBH QI at 755-4545 to request disclosure protection if the client refuses or revokes the “WITHIN” authorization.</p> <p>Follows confidentiality regulations for permissible disclosure of protected health information</p> |
| STEPS | <p>Select the client or if the client is in your recent clients section, make sure he is the selected client (it will be highlighted). This section has been pre-filled to meet the needs of the integrated record; however, you may add additional program information as necessary)</p> <ol style="list-style-type: none">1. Select whether form was scanned (completed on paper and scanned in health record)2. Enter Specific entity, program, or individual who is permitted to disclose information.3. Select the type of health information that may be disclosed.<ol style="list-style-type: none">a. Additional information is necessary for Substance Use Disorder services; amount and kind of information must explicitly be identified.4. Enter the names of the individuals to WHOM information may be disclosed (there is NO treating provider relationship) Generally, this section will be left blank for the “WITHIN” authorization because MCBH and its contracted providers have a “treating relationship” with the client (see #5 below)5. Enter the entity(ies) to WHOM the information may be disclosed. The client has a treating provider relationship with this entity.<ol style="list-style-type: none">a. Treating Provider Relationship means a provider who can assess, diagnose, and treat.6. Enter “third-party” information.7. Enter the explicit purpose for the disclosure.8. Client initials. Use signature pad by clicking “get signature” button.9. Select when authorization to expires.10. Client signature to authorize disclosure. To get client signature by clicking on “get signature” and date of signature. If a representative is signing for the client; indicate their name and relationship. |

Chart **WITHIN Authorization for Disclosure of Confidential Information**

WITHIN Authorization for
Revoke

Submit

COMPLETED = no longer available to edit, auth is complete
DRAFT = available to edit, not a completed auth

Status
 Completed Draft **1**

Was the authorization scanned?
 Yes No **2**

The specific name(s) or general designations of the part 2 program(s), entity(ies), or individual(s) permitted to disclose the information identified within this authorization:
 Monterey County Behavioral Health, SUD Programs: Community Human Services, Valley Health Associates, Door to Hope, Sun Street Centers with whom I have a treating provider relations

Additional entity(ies):
 See entities above, if not listed then enter the entity here **3**

The following health information may be disclosed **4**

HIV Test Results
 Mental Health Treatment Information
 Physical Health Treatment Information

Chart **WITHIN Authorization for Disclosure of Confidential Information**

WITHIN Authorization for
Revoke

Submit

Explicitly identify the amount and kind of substance use disorder information for which you are authorizing disclosure:
 Current and historical information; all treatment information about me, including, intake, assessment, treatment plan, progress notes, referrals and lab work;
 Additional substance use information: **5**

Enter additional information or the exact information which can be disclosed

Individual(s) - The information identified in this authorization may be disclosed to the following named individual(s):

Additional individuals: **6**

Jane Smith at Monterey County Behavioral Health

Chart | WITHIN Authorization for Disclosure of Confidential Information

WITHIN Authorization for
Revoke

Submit

Third-Party Payer(s) - The information identified in this authorization may be disclosed to the following named third-party payer(s):

Medical or Blue Cross 8

The information identified in this authorization may be disclosed for the following purpose(s) (please explicitly identify the purpose(s) for which you are authorizing disclosure):
Assessment, diagnosis, treatment, care coordination, discharge planning, and referral

Additional purpose(s):

If the purpose is not listed above then add the purpose here 9

I hereby confirm my understanding I may revoke this authorization at any time, except to the extent that the Part 2 Program or other lawful holder has already acted in reliance on it (acting in reliance includes the provision of treatment services in reliance on a valid authorization to disclose information to a third-party payer).

Client initials 10

Get Signature

- STEPS**
11. Select when the authorization expires.
 12. Notify client of their rights and warnings

Chart | WITHIN Authorization for Disclosure of Confidential Information

WITHIN Authorization for
Revoke

Submit

I may revoke this authorization at any time, either verbally or in writing. My revocation will take effect upon receipt, except to the extent that others have acted in reliance upon this authorization.

This authorization expires

365 days after treatment ends

OTHER

Authorization expires on following date, event, or condition

11

Patient's Rights and Warnings:

12 I may refuse to sign this authorization. My refusal could affect my ability to obtain services under this specific program, but efforts will be made to offer services under other programs.

I may inspect or obtain a copy of the health information of which I am authorizing disclosure.

I have a right to receive a copy of this authorization and will be offered a copy.

Some information disclosed pursuant to this authorization could be re-disclosed by the recipient. Such re-disclosure is in some cases not prohibited by California or federal law (e.g. the Health Insurance Portability and Accountability Act (HIPAA)).

Substance use disorder information may not be re-disclosed unless another authorization for such disclosure is obtained from me, or unless specifically required or permitted by the law, or permitted by this authorization.

**STEPS –
REVOKE
AUTHORIZATION**

1. Is the client requesting to revoke this Authorization for Use, Exchange, and/or Disclosure of Confidential Information WITHIN MCBH? Select Yes or No

Was this revoked Authorization scanned?

- a. If Yes, you will need to complete the following required questions:
 - i. Date authorization revoked - This is the actual date the client relayed the information of revoking the authorization.
 - ii. Staff Name - Enter the STAFF name of the person who is receiving the information that the client is revoking this Authorization.
 - iii. Notes on revocation of authorization- Enter the reason why the client is revoking this authorization.
- b. If No, skip these questions.

11.

Chart GENERAL Authorization for Disclosure of Confidential Health Information

Authorization
Revoke

Submit

Was this revoked authorization scanned? **1**
 Yes No

Date Authorization Revoked
 T Y

Staff Name **2**

Notes on Revocation of Authorization

BENZO/METHADONE/SUBOXONE CONSENT

| | |
|-----------------|--|
| LOCATION | CWS →CLINICIAN MENU →Benzo/Methadone/Suboxone Consent |
| PURPOSE | The purpose of this form is to documents consent to risks and benefits of these medications |
| RULES | Scan completed document in “Consents” category. For directions on scanning see: Document Capture |
| STEPS | Select the client. <ol style="list-style-type: none">1. Enter the date consent was completed.2. Select if the consent was scanned.3. Enter the date the consent was scanned |

The screenshot shows the user interface for the 'Benzo/Methadone/Suboxone Consent' form. On the left, there is a sidebar with a 'Submit' button and several icons. The main form area contains three fields, each with a circled number indicating a step:

- 1**: 'Date completed' field with a date picker and 'T' and 'Y' buttons.
- 2**: 'Was the consent scanned?' field with 'Yes' and 'No' radio buttons.
- 3**: 'Date scanned' field with a date picker and 'T' and 'Y' buttons.

OTP ADMISSION CRITERIA CHECK LIST

| | |
|-----------------|---|
| LOCATION | CWS →CLINICIAN MENU →OTP ADMISSION CRITERIA CHECKLIST |
| PURPOSE | This optional form is used by OTP programs who choose to scan the program's checklist document. |
| RULES | Optional Scan program document in "Program Specific Documentation" category For directions on scanning see: Document Capture |
| STEPS | Select the client. <ol style="list-style-type: none">1. Enter the date the check list was completed.2. Select if the check list was scanned.3. Enter the date the check list was scanned |

The screenshot shows a software interface for the "OTP Admission Criteria Check List". The interface includes a top navigation bar with "Chart" and "OTP Admission Criteria Check List" tabs. On the left, there is a sidebar with a "Submit" button and several icons. The main form area contains three fields, each with a circled number indicating a step:

- 1** Date completed: A date input field followed by "T", "Y", and a dropdown menu.
- 2** Was the check list scanned?: Radio buttons for "Yes" and "No".
- 3** Date scanned: A date input field followed by "T", "Y", and a dropdown menu.

OTP CONSENT TO TREATMENT

| | |
|-----------------|--|
| LOCATION | CWS →CLINICIAN MENU →PHYSICAL EXAM |
| PURPOSE | This optional form is used by OTP programs |
| RULES | Scan document in “Consents” category For directions on scanning see: Document Capture |
| STEPS | Select the client. <ol style="list-style-type: none">1. Enter the date consent was completed.2. Select if the consent was scanned.3. Enter the date the consent was scanned |

The screenshot shows the 'OTP Consent to treatment' form interface. The form is titled 'OTP Consent to treatment' and has a 'Submit' button. The form contains three main sections:

- Date completed:** A date picker field with a calendar icon and buttons for 'T', 'Y', and a dropdown arrow. A green circle with the number '1' is overlaid on the right side of this field.
- Was the consent scanned?:** A radio button selection with 'Yes' and 'No' options. A green circle with the number '2' is overlaid on the right side of this section.
- Date scanned:** A date picker field with a calendar icon and buttons for 'T', 'Y', and a dropdown arrow. A green circle with the number '3' is overlaid on the right side of this field.

On the left side of the form, there is a sidebar with a 'Submit' button and several icons: a yellow star, a grey square, a grey speech bubble, a red 'X' in a circle, a red 'X' in a circle with a blue plus sign, and a yellow star.

OTP MULTIPLE REGISTRANTS/VISITING PATIENTS

| | |
|-----------------|---|
| LOCATION | CWS →CLINICIAN MENU →OTP MULTIPLE REGISTRANTS/VISITING PATIENTS |
| PURPOSE | <p>Opioid Treatment Programs (OTP) are required to demonstrate evidence of verification to ensure an individual is not receiving OTP/NTP services within a 200-mile radius prior to admission to OTP/NTP program. Documentation must also include advisement on program's responsibility of the patient.</p> <p>Temporary dosing responsibilities require proper documentation prior to taking patient responsibility.</p> <p>A signed authorization for disclosure must be obtained prior to contacting OTP/NTP programs, in accordance with Part 2 regulations.</p> |
| RULES | <ul style="list-style-type: none">• Select the agency from whom the information will be requested.• Scan OTP consent form in "multiple registrants" category• For directions on scanning see: Document Capture |
| STEPS | <p>Select the client.</p> <ol style="list-style-type: none">1. Enter the date the form was sent.2. Select the agency from whom the information is being requested.3. If agency is not on list, enter the name of the agency in the "other agency" section.4. Enter the fax number for the program who the information is being requested.5. Select if the request was scanned in the health record.6. Enter the date the form was scanned in the health record.7. Enter the name of the staff sending the request. <p>Click SUBMIT to save the information entered on the form.</p> <p>For Results: When results are received, enter information in the results section of this form.</p> <ol style="list-style-type: none">8. Open the form, click on "results" section of the form (left hand side of form)9. Select if the results documents were scanned.10. Enter date the result was scanned in health record.11. Enter the staff name who received the results. <p>Click SUBMIT to save the information entered on the form.</p> |

Chart **OTP Multiple registrants/visiting patients**

Multiple Registrants
RESULTS

Submit

Date sent **1**

Agency sent to

Janus of Santa Cruz
 South County Clinic-Santa Clara
 Valley Health Associates
 Janus South County
 CHS-Off Main Clinic

2

Other agency **3**

Agency sent to fax number **4**

Was the request scanned?

Yes No **5**

Date scanned **6**

Sent by **7**

RESULTS

Result

Yes - receiving services
 No - not receiving services **8**

Were the results scanned?

Yes No **9**

Date Scanned **10**

Received_by **11**

OTP PHYSICIAN ADMISSION ORDERS

| | |
|-----------------|--|
| LOCATION | CWS →CLINICIAN MENU →OTP PHYSICIAN ADMISSION ORDERS |
| PURPOSE | Physician's orders must include evidence of physical dependence and addition to opiates. Including evidence of observed signs of physical dependence or results of initial tests or analysis of illicit drug use, evidence confirming history of at least 2 years of unsuccessful attempts in withdrawal, etc. Detox treatment episode regulations apply, when applicable |
| RULES | Scan these documents in the "Physician Orders" category. For directions on scanning see: Document Capture |
| STEPS | Select the client. <ol style="list-style-type: none">1. Enter the date the order was completed.2. Select if the order was scanned.3. Enter the date the order was scanned |

Chart → OTP Physician Admission Orders

OTP Physician Admissio...

Submit

Date completed

Was the order scanned?

Date scanned

1

2

3

OTP COWS

| | |
|-----------------|--|
| LOCATION | CWS →CLINICIAN MENU →OTP COWS |
| PURPOSE | The optional form is used by OTP programs; program level decision |
| RULES | Scan form in these “OTP COWS” category For directions on scanning see: Document Capture |
| STEPS | Select the client. <ol style="list-style-type: none">1. Enter the date document was completed.2. Select whether document was scanned.3. Enter the date the document was scanned |

The screenshot shows the 'OTP COWS' form interface. On the left, there is a sidebar with a 'Submit' button and several icons. The main form area contains three fields:

- Date completed:** A date input field with a calendar icon, followed by buttons for 'T', 'Y', and a dropdown menu. A green circle with the number '1' is positioned to the right of this field.
- Was the form scanned?:** A radio button selection with 'Yes' and 'No' options. A green circle with the number '2' is positioned to the right of this field.
- Date scanned:** A date input field with a calendar icon, followed by buttons for 'T', 'Y', and a dropdown menu. A green circle with the number '3' is positioned to the right of this field.

OTP STEP LEVEL JUSTIFICATION

| | |
|-----------------|--|
| LOCATION | CWS →CLINICIAN MENU →OTP STEP LEVEL JUSTIFICATION |
| PURPOSE | This form is used to capture information on step-level schedules for Take-Home medication privileges. |
| RULES | Program-level form will be used to document this. Progress note reflecting discussion with patient should be made. Scan documents in “Step Level” category For directions on scanning see: Document Capture |
| STEPS | Select the client. <ol style="list-style-type: none">1. Enter the date the form was completed.2. Select if the form was scanned.3. Enter the date the form was scanned |

The screenshot shows the user interface for the 'OTP Step Level Justification' form. The top navigation bar includes a 'Chart' icon and the title 'OTP Step Level Justification'. On the left side, there is a sidebar with a 'Submit' button and several icons for document management. The main form area contains three numbered steps:

- 1** Date completed: A date input field with a calendar icon, followed by 'T' and 'Y' buttons, and a dropdown menu.
- 2** Was the form scanned?: Radio buttons for 'Yes' and 'No'.
- 3** Date scanned: A date input field with a calendar icon, followed by 'T' and 'Y' buttons, and a dropdown menu.

SUD SCREENING

| | |
|-----------------|--|
| LOCATION | Avatar PM → SUD → SUD SCREENING |
| PURPOSE | <p>The SUD Screening Tool may be conducted by individuals who completed the ASAM Training and:</p> <ul style="list-style-type: none"> • Monterey County Behavioral Health: <ul style="list-style-type: none"> ○ a Social Worker III or Licensed Practitioner of the Healing Arts (LPHA) to determine which level of care may best serve the needs. • DMC- ODS Provider: <ul style="list-style-type: none"> ○ A registered or certified drug and alcohol counselor or Licensed Practitioner of the Healing Arts (LPHA) to determine which level of care may best serve the needs. |
| RULES | This screening tool should be completed on the same day the beneficiary requests services. |
| STEPS | <p>Select a client.</p> <ul style="list-style-type: none"> • Search “SUD Screening” in the “search forms” box. • Select the episode number. |

The screenshot shows the myAvatar 2023 interface. At the top, there's a navigation bar with 'Home', 'Test C', and user information for 'MARCHÉBOUTR'. Below this, a client profile is displayed for 'CLIENT, TEST (000800292)', including details like 'M, 67, 07/15/56', 'Ht: 5' 5", Wt: 123 lbs, BMI: 20.5', and 'Address: Homeless HOMELESS homeless HOMELESS, ...'. There are also fields for 'Ep: -', 'Phone #: 831-999-9999', 'DX P: -', 'Attn. Pract.: -', 'Adm. Pract.: -', and 'Preferred Name: testbest'. A notification for 'Allergies (5)' is visible, with a sub-note 'Allergies Reviewed=Yes (06/19/2020)'. The main section is titled 'SUD Screening' and shows client details: 'Name: TEST CLIENT', 'ID: 800292', 'Sex: Male', and 'Date of Birth: 07/15/1956'. Below this is a table of episodes:

| Episode | Program | Start | End |
|---------|---|------------|-----|
| 44 | CS Medication Support | 02/22/2024 | |
| 39 | SUD Sun Street Residential | 07/16/2018 | |
| 37 | SUD CHS OP Intensive Monterey | 07/02/2018 | |
| 36 | SUD CHS Methadone Clinic Recovery Svcs | 07/02/2018 | |
| 34 | SUD CHS OP Int Monterey Rec Svcs | 07/01/2018 | |
| 29 | SUD CHS Methadone Clinic | 02/16/2018 | |
| 14 | Bienestar King City~INACTIVE | 03/30/2015 | |
| 9 | AS King City Outpatient Clinic | 08/26/2014 | |
| 2 | TEST only (used for PROVIDER SYSTEM CODE) | 08/27/2012 | |

At the bottom of the form, there are 'OK' and 'Cancel' buttons. The status bar at the very bottom shows 'AVPM (LIVE)' and the timestamp '07/01/2024 02:22:53 PM'.

| | |
|--------------|--|
| STEPS | DMC-ODS Screen section: (complete all required fields in red) <ul style="list-style-type: none"> • Draft/Final: finalize form once all fields are complete. • Date of Request • Time of Request • Type of Contact • Perinatal Client • Urgent • Referral Source |
|--------------|--|

Brief Screener for Substance Use Treatment Services

Draft/Final: Draft Final

Date of Request: [Text Field] [T] [Y] [Calendar Icon]

Time of Request: [Text Field] Current H M AM/PM

Type of contact: Phone Walk-in Referral

Perinatal Client?: Yes No

Urgent: Yes No

Referral Source: Faith Based Org

| | |
|--------------|---|
| STEPS | Complete Dimension 1 – Withdrawal / Detoxification Potential |
|--------------|---|

DIMENSION 1. WITHDRAWAL/DETOXIFICATION POTENTIAL

Are you experiencing any current severe withdrawal symptoms? (If YES, consider immediate referral to the nearest Emergency Dept. and STOP SCREEN)
 ¿Está teniendo algún síntoma de abstinencia grave en este momento?

Yes No

Are you under the influence of any substances right now? (If YES, consider Withdrawal Mgmt)
 ¿Está bajo la influencia de alguna sustancia en este momento?

Yes No

If NO, what date did you last use?
 Si la respuesta es NO, ¿Cuál fue la última fecha en que consumio alguna sustancia?

[Text Field] Today Yesterday [Calendar Icon]

If YES, have you continuously used for 5 or more days?
 En caso afirmativo, ¿ha consumido continuamente durante 5 días o más?

Yes No

STEPS | **Complete Dimension 2 – Biomedical Conditions and Complications**

DIMENSION 2. BIOMEDICAL CONDITIONS AND COMPLICATIONS

Are you having a medical emergency or need hospitalization? (If YES, consider immediate referral to nearest Emergency Dept. and STOP SCREEN)
¿Está teniendo una emergencia médica o necesita hospitalización?

Yes No

Do you require any special accommodations (e.g., wheelchair, sensory impairment)?
¿Necesita algún alojamiento especial (por ejemplo, silla de ruedas, discapacidad sensorial)?

Yes No

If YES, specify:

Do you have any current severe physical health problems?
¿Tiene actualmente algún problema grave de salud física?

Yes No

Do you have any memory or motor difficulties?
¿Tiene dificultades de memoria o motoras?

Yes No

Do you have a primary care doctor?
¿Tiene un médico de atención primaria?

Yes No

STEPS | **Complete Dimension 3 – Emotional / Behavioral / Cognitive Conditions and Complications**

DIMENSION 3. EMOTIONAL/BEHAVIORAL/COGNITIVE CONDITIONS AND COMPLICATIONS

Are you currently having thoughts of hurting yourself or others? (If YES, consider referring to Emergency Services and Stop Screen)
¿Está teniendo actualmente pensamientos de lastimarse a sí mismo o a otros?

Yes No

Are you currently having any severe mental or emotional issues or distress? (If YES, consider referring to mental health services)
¿Tiene actualmente algún problema o angustia mental o emocional grave?

Yes No

Do you feel unstable with any of your mental health problems? (If YES, consider referral to residential treatment)
¿Se siente inestable con alguno de sus problemas de salud mental?

No N/A Yes

STEPS Complete Dimension 4 – Readiness to Change

DIMENSION 4. READINESS TO CHANGE

Do you feel coerced into substance use treatment or object to receiving treatment?
¿Se siente obligado a someterse a un tratamiento por consumo de sustancias o se opone a recibir tratamiento?

Yes No

How ready are you to change some aspect of your alcohol or substance use?
¿Qué tan preparado está para cambiar algún aspecto de su consumo de alcohol y/o sustancias?

Not Ready Somewhat Ready Considerable Ready

Are you seeking treatment to avoid a negative external consequence (i.e. probation, family demands, job requirements)?
¿Está buscando tratamiento para evitar una consecuencia externa negativa (es decir, libertad condicional, demandas familiares, requisitos laborales)?

Yes No

Are you concerned about your alcohol or substance use?
¿Le preocupa su consumo de alcohol o sustancias?

Yes No

STEPS Complete Dimension 5 – Relapse / Continued Use Potential

DIMENSION 5. RELAPSE/CONTINUED USE POTENTIAL

Have you used on most days (15 or more days) in the past 30?
¿Ha consumido continuamente (durante 15 días o más) en los últimos 30 días?

Yes No

Are you likely to continue to use alcohol and/or substance without treatment?
¿Es probable que continúe consumiendo alcohol y/o sustancias sin tratamiento?

Yes No

STEPS Complete Dimension 6 – Recovery Environment

DIMENSION 6. RECOVERY ENVIRONMENT

Do any of your daily situations and/or your current substance use put you or others in danger?
¿Alguna de sus situaciones diarias y/o su consumo actual de sustancias lo ponen a usted o a otros en peligro?

Yes No

Is your current living situation unsafe or contributing to harmful alcohol and/or substance use?
¿Su situación de vida actual es insegura o contribuye al consumo nocivo de alcohol y/o sustancias?

Yes No

Do you struggle to obtain food, shelter, and clothing?
¿Tiene dificultades para obtener comida, refugio y ropa?

Yes No

Are you currently experiencing homelessness?
¿Se encuentra usted actualmente sin hogar?

Yes No

STEPS**• Complete Medication for Addiction Treatment (MAT)****MEDICATION FOR ADDICTION TREATMENT (MAT)**

In your life, have you ever taken medication for addiction treatment (MAT) for substance use?
¿Alguna vez en su vida ha tomado medicamentos para el tratamiento de adicciones (MAT) por el consumo de sustancias?

Yes No

If yes, who was the prescriber, what did you take (include dose) and for how long?
En caso afirmativo, ¿quién se lo recetó, qué medicamento tomó (incluya la dosis) y durante cuánto tiempo?

Are you currently taking medication for addiction treatment (MAT) for substance use?
¿Está actualmente tomando medicamentos para el tratamiento de adicciones (MAT) por el consumo de sustancias?

Yes No

If yes, who is your medication for addiction treatment (MAT) prescriber?
En caso afirmativo, ¿quién le prescribe el medicamento para el tratamiento de adicciones (MAT)?

What medications for addiction treatment are you currently prescribed (include dose)?
¿Cuáles medicamentos para el tratamiento de adicciones (MAT) le recetan actualmente (incluya la dosis)?

If not currently taking medication for addiction treatment (MAT), are you interested in me connecting you directly to MAT services to meet with a doctor to determine the best course of treatment?

Si actualmente no está tomando medicamentos para el tratamiento de la adicción (MAT), ¿está interesado en que lo conecte directamente con los servicios de MAT para reunirse con un médico y determinar el mejor curso de tratamiento?

Yes No Not Applicable

STEPS**• Complete Level of Care Inquiry****Level of Care Inquiry:**

Type of substance use treatment you are interested in?
 ¿Qué tipo de tratamiento para el consumo de sustancias le interesa?

- a. Narcotic Treatment Program/Medication for Addiction Treatment (NTP/MAT)
- b. Outpatient- LOC 1
- c. Intensive Outpatient- LOC 2.1
- d. Residential Withdrawal Management- LOC 3.2
- e. Clinically Managed Low-Intensity Residential- LOC 3.1
- f. Clinically Managed High Intensity + Population Specific Residential- LOC 3.3
- g. Clinically Managed High-Intensity Residential- LOC 3.5
- h. Medically Monitored Intensive Inpatient Services- LOC 3.7
- i. Medically Managed Intensive Inpatient Services- LOC 4.0
- j. Recovery Services
- k. Prevention- LOC .5

Are you interested in a referral to mental health services?

¿Está interesado en una derivación a servicios de salud mental?

Yes

No

Are you interested in a referral to primary care services?

¿Está interesado en una derivación a servicios de atención primaria?

Yes

No

STEPS**Complete Level of Care Disposition**

1. Screener recommendation LOC: Determined by staff conducting screening tool.
2. Actual Substance Use Treatment LOC: the accepted LOC accepted by beneficiary.

Level of Care Disposition:

Screener recommendation for Substance Use Treatment Level of Care

- a. Narcotic Treatment Program/Medication for Addiction Treatment (NTP/MAT)
- b. Outpatient- LOC 1
- c. Intensive Outpatient- LOC 2.1
- d. Residential Withdrawal Management- LOC 3.2
- e. Clinically Managed Low-Intensity Residential- LOC 3.1
- f. Clinically Managed High Intensity + Population Specific Residential - LOC 3.3
- g. Clinically Managed High-Intensity Residential- LOC 3.5
- h. Medically Monitored Intensive Inpatient Services- LOC 3.7
- i. Medically Managed Intensive Inpatient Services- LOC 4.0
- j. Recovery Services

Actual Substance Use Treatment Level of Care

- a. Declined Services
- b. Narcotic Treatment Program/Medication for Addiction Treatment (NTP/MAT)
- c. Outpatient- LOC 1
- d. Intensive Outpatient- LOC 2.1
- e. Residential Withdrawal Management- LOC 3.2
- f. Clinically Managed Low-Intensity Residential- LOC 3.1
- g. Clinically Managed High Intensity + Population Specific Residential - LOC 3.3
- h. Clinically Managed High-Intensity Residential- LOC 3.5
- i. Medically Monitored Intensive Inpatient Services- LOC 3.7
- j. Medically Managed Intensive Inpatient Services- LOC 4.0
- k. Recovery Services
- l. Prevention- LOC .5

STEPS

• Complete Additional Outcomes Program Referrals (if applicable)

Additional Outcomes Program Referrals(s):

What Recovery Supports/Resources were provided?

12 Step Meetings
 Emergency Shelter Referral
 Food Resources

Other

Were interim services offered?

Yes No

Were interim services accepted?

Yes No

STEPS

Complete Next Steps for Timeliness (for new beneficiaries only):

- a) Date of 1st offered appointment: in most cases, this is the date the SUD Screening Tool was administered with the beneficiary.
- b) Date of 1st offered follow up appointment:
 - i) **For DMC Providers:** this may be the next offered appointment including Case Management (with the beneficiary present), Assessment, or Group/Individual Counseling.
 - ii) **For MCBH:** Any billable service (case management, mental health rehab, individual/group therapy, assessment, etc.) while the client is being linked to the DMC ODS provider OR this may be the next offered SUD appointment with the DMC ODS Provider.
- c) MCBH & its DMC ODS contracted Providers are required to follow the timeliness standards outlined in Policy 148 Network Adequacy and Timeliness Standards.
 - i) **Beneficiary requesting Outpatient Services**
 - (1) Non-Urgent: 1st offer appointment within 10 business days from request.
 - (2) Urgent: Offer appointment within 48 hours of request, 96 hours for service requests that require prior authorization (i.e., Residential)
 - (3) Follow-up: offered within 10 business days from the 1st rendered service.
 - ii) **Beneficiary requesting Opioid Treatment Services (NTP/MAT)**
 - (1) Non-Urgent: Offer appointment within 3 business days from request.
 - (2) Urgent: Offer appointment within 48 hours of request.

Next Steps:

1st Offered Appointment: 07/01/2024

1st Follow Up Appointment:

Additional Notes

Completed by

MARCHEBOUT, ROSA (002354)

STEPS

Complete the Substances Used by Client section (if applicable)

1. Add new item.
2. Select "Substance Used" from the dropdown menu.
3. Select the "Method of Use" from the dropdown menu.
4. Enter the "Date Last Used"
5. Enter the "Amount Used"
6. Enter the "Frequency of Use"
7. Enter the number of "Days used in the past 30."
8. Enter the "Age at First Use"

Once all fields have been completed, you may **submit** the form.

The screenshot displays the 'Substances Used by Client' section of a web form. The form has a table header with columns: Substance Used, Method of Use, Date Last Used, Amount Used, Frequency of Use, Days used in past 30, and Age at First Use. Below the table are three buttons: 'Add New Item' (circled 1), 'Edit Selected Item', and 'Delete Selected Item'. Below the buttons are eight input fields, each with a numbered callout: 2 Substance Used (dropdown), 3 Method of Use (dropdown), 4 Date Last Used (calendar), 5 Amount Used (text), 6 Frequency of Use (text), 7 Days used in past 30 (text), and 8 Age at First Use (text). The form is titled 'Substances Used by Client' and is part of a 'DMC-ODS Screen'.

SUD RESIDENTIAL/INPATIENT AUTHORIZATION


| | |
|-----------------|--|
| LOCATION | PM → CLINICIAN MENU → SUD RESIDENTIAL/INPATIENT AUTHORIZATION |
| PURPOSE | Providers shall complete an SUD Screening Tool immediately at the time of the phone call, walk-in or referral. Providers shall complete necessary documentation in accordance with access criteria, prior authorization requirements, and scope of practice prior to submitting a request for residential/inpatient authorization to MCBH. |
| RULES | <ol style="list-style-type: none">1. The following documents must be completed in AVATAR prior to submitting a residential/inpatient authorization request to MCBH to consider the request complete and valid:<ul style="list-style-type: none">• SUD Screening Tool.• Within Authorization for Disclosure of Confidential Health Information• ICD-10 code set (may use Z55-Z65 or Z03.89) completed by the LPHA.• Authorization Request Form.2. Providers shall submit authorization request for residential/inpatient stays to<ul style="list-style-type: none">• 415-SUD@countyofmonterey.gov• In Subject Line:<ol style="list-style-type: none">a) Authorization Request for Residential Services.b) Authorization Request for Inpatient Services.c) Authorization Request for Residential/Inpatient Services for Perinatal, as applicable• Body of Message: Include the Client ID, level of care being requested, and the provider's contact information.3. MCBH SUD Authorization Team will review documentation for appropriateness of level of service being requested when making the decision for authorization and notify the provider of the decision within 24 hours from receipt of a complete and valid request, including on weekends and holidays. |

STEPS

Select a client.

1. In search forms, enter "SUD RESIDENTIAL/INPATIENT AUTHORIZATION" Form.
2. Select the Episode.
3. If you are adding a new entry the form will automatically open to the first section. Otherwise, to add a new row, select ADD.

Search Forms

SUD Residential/ 1 

| Name | Menu Path |
|---|----------------------------|
| SUD Residential/Inpatient Authorization | Avatar PM / Clinician Menu |

<= Previous 25 1 through 1 of 1 Next 25 =>

SUD Residential/Inpatient Authorization

Name: TEST CLIENT
ID: 800292
Sex: Male
Date of Birth: 07/15/1956

| Episode | Program | Start | End |
|---------|------------------------------------|------------|------------|
| 45 | Access AB109 | 06/06/2024 | 06/06/2024 |
| 44 | CS Medication Support | 02/22/2024 | |
| 43 | Access to Treatment Coastal Region | 01/20/2023 | 01/20/2023 |
| 42 | Access AB109 | 08/19/2022 | 08/19/2022 |
| 41 | Access to Treatment Salinas | 07/29/2022 | 07/29/2022 |
| 40 | SUD Door to Hope OP Intensive | 07/13/2022 | 09/16/2022 |
| 39 | SUD Sun Street Residential | 07/16/2018 | |

OK Cancel

CLIENT, TEST (000800292)
M, 67, 07/15/56
Ht: 5' 5", Wt: 180 lbs, BMI: 30
Address: Homeless HOMELESS homeless HOMELESS, ...

Ep: -
Phone #: 831-999-9999

DX P: -
Attn. Pract.: -
Adm. Pract.: -
Preferred Name: testbest

Allergies (5)
Allergies Reviewed=Yes (06/19/2020)

SUD Residential/Inpatient Authorization

| Date of Request | Data Entry By (Login) |
|-----------------|-----------------------|
| 10/11/2023 | Jessica Sanchez |

3

Add Edit Delete Cancel

STEPS

4. Date of Request (defaults)
5. SUD Screening Tool: select from the dropdown menu.
6. Diagnosis: select from the dropdown menu.
7. Within Authorization: select from the dropdown menu.

PERSON REQUESTING AUTHORIZATION

8. Person Requesting Authorization: Enter the name of staff requesting this authorization.
9. Notes: enter any notes, if applicable.
(SUBMIT form)

COUNTY AUTHORIZATION TEAM

10. Enter County Authorization Reviewer Date
11. Enter County Authorization Reviewer staff.
12. Select Eligibility
13. Enter County Authorization Reviewer Notes, if applicable.
14. Entry Date (defaults)
15. Time Stamp (defaults)

The screenshot shows a web-based form titled "SUD Residential/Inpatient Authorization". The form is divided into several sections. On the left, there is a sidebar with a "Submit" button and several icons. The main form area contains the following fields and sections:

- 4**: "Date of Request" field with a date picker set to "07/11/2024".
- 5**: "SUD Screening Tool" dropdown menu.
- 6**: "Diagnosis" dropdown menu.
- 7**: "Within Authorization" dropdown menu.
- 8**: "Person Requesting Authorization" section, containing a text input field for the name of the staff member.
- 9**: "Person Requesting Authorization Notes" section, containing a large text area for notes.



SUD Residential/Inpatient

Person Requesting Authoriza
County Authorization Team

County Authorization Team Reviewer

10

County Authorization Reviewer Date

T Y

11

County Authorization Reviewer

12

Eligibility

- Approved for Requested Residential LOC
- Approved for Different Residential LOC
- Denied
- Unable to Determine - Insufficient Info

13

County Authorization Reviewer Notes

14

Entry Date

07/11/2024 T Y

15

Time Stamp

04:01 PM Current H M AM/PM

Submit

Navigation icons: Home, Back, Forward, Refresh, Print, Star, List

SUD RE AUTHORIZATION FORM

| | |
|-----------------|---|
| LOCATION | PM → HIDDEN → SUD RE AUTHORIZATION FORM |
| PURPOSE | <p>Prior to the expiration of the 90th day of the residential/inpatient treatment stay, SUD providers shall complete a re-authorization request no later than 10 calendar days prior to the 90th day, and for each additional re-authorization request, SUD providers shall complete a re-authorization request 10 calendar days prior to the 30th day of the additional extension.</p> <ol style="list-style-type: none">1. The re-authorization request shall clearly document/justify the need for a re-authorization of residential/inpatient treatment services.<ol style="list-style-type: none">a. Making progress but goals not yet attained.b. Not making progress but showing capacity; orc. Making progress, but there is a new problem that needs to be addressed. |
| RULES | <ol style="list-style-type: none">1. The following documents must be completed in AVATAR prior to submitting a residential/inpatient re-authorization request to MCBH to consider the request complete and valid:<ul style="list-style-type: none">• Within Authorization for Disclosure of Confidential Health Information (verbal consent will no longer be accepted during the re-authorization period)• Re-Authorization Request form with explanation for re-authorization.• Providers shall submit re-authorization requests for residential/inpatient stays to: 415-SUD@countyofmonterey.gov• In Subject Line:<ol style="list-style-type: none">a) Re-Authorization Request for Residential Services.b) Re-Authorization Request for Inpatient Services.c) Authorization Request for Residential/Inpatient Services for Perinatal, as applicable.• Body of Message: include the Client ID, level of care being requested, and the provider's contact information.2. MCBH SUD Authorization Team will review documentation for appropriateness of continuation of residential/inpatient services and notify the provider of the decision within 24 hours from receipt of a complete and valid request, including on weekends and holidays. |
| STEPS | <p>Select a client.</p> <ol style="list-style-type: none">1. In search forms, enter "SUD Re Authorization Form."2. Select if the form was scanned.3. Enter Date Completed.4. Select the Level of Care. <p>PERSON REQUESTING AUTHORIZATION</p> <ol style="list-style-type: none">5. Enter the Number of Days in Residential Treatment.6. Select the Eligibility for Reauthorization.7. Enter the staff name of Person Requesting Authorization.8. Enter a brief Explanation / Reason for Reauthorization. (SUBMIT form) <p>COUNTY AUTHORIZATION TEAM</p> |

- 9. Enter County Authorization Reviewer Date
- 10. Enter County Authorization Reviewer staff name.
- 11. Eligibility for Reauthorization findings
- 12. County Authorization Reviewer Notes
- 13. Current time (defaults)
- 14. Entry Date (defaults)

Search Forms
 sud re auth 1

| Name | Menu Path |
|---------------------------|--------------------|
| SUD Re Authorization Form | Avatar PM / HIDDEN |

<= Previous 25
1 through 1 of 1
Next 25 =>

SUD Re Authorization Form

Name: TEST CLIENT
ID: 800292
Sex: Male
Date of Birth: 07/15/1956

| Episode | Program | Start | End |
|---------|------------------------------------|------------|------------|
| 45 | Access AB 109 | 06/06/2024 | 06/06/2024 |
| 44 | CS Medication Support | 02/22/2024 | |
| 43 | Access to Treatment Coastal Region | 01/20/2023 | 01/20/2023 |
| 42 | Access AB 109 | 08/19/2022 | 08/19/2022 |
| 41 | Access to Treatment Salinas | 07/29/2022 | 07/29/2022 |
| 40 | SUD Door to Hope OP Intensive | 07/13/2022 | 09/16/2022 |
| 39 | SUD Sun Street Residential | 07/16/2018 | |

OK
Cancel

Chart SUD Re Authorization Form

Re-Authorization Form
 Person Requesting Autho...
 County Authorization Tea...

3 Date Completed

4 Current Level of Care

5 Number of Residential Days in Treatment

Person Requesting Authorization

6 Eligibility for Re-Authorization

7 Person Requesting Authorization

8 Explanation/Reason for Re-Authorization

Submit

3.1 3.5

A-Making progress goals not yet attained
 B- Not making progress; shows capacity
 C-Making progress; new problem

Chart SUD Re Authorization Form

Re-Authorization Form
 Person Requesting Autho...
 County Authorization Tea...

County Authorization Team Reviewer

9 County Authorization Reviewer Date

10 County Authorization Reviewer

11 Eligibility for Re-Authorization Findings

12 County Authorization Reviewer Notes

13 Current Time

14 Entry Date


Submit

A - Eligible B - Eligible C - Eligible
 Discharge A Discharge B Discharge C
 Discharge D Other

10:33 AM H M AM/PM

07/11/2024

SUD ASSESSMENT

| | |
|-----------------|--|
| LOCATION | CWS → CLINICIAN MENU → SUD ASSESSMENT |
| PURPOSE | This form is used to document the assessment for substance use disorder treatment services. Each dimension addressed different elements with an area to document rating for the dimension. This assessment is used to establish medical necessity and determination of level of care. |
| RULES | <p>SUD assessment is used to document medical necessity and determination of level of care. May be completed by SUD Counselors and/or LPHAs.</p> <p>When completed by SUD Counselor, face-to-face consult with LPHA must take place; LPHA reviews, confirms medical necessity is established, and assessment is signed and finalized by LPHA.</p> <p>SUD assessments not meeting above requirement is considered invalid.</p> <p>The SUD assessment incorporated the “Immediate Risk Assessment” section for evaluation risks which may need immediate action</p> |
| STEPS | <p>Select the client or if the client is in your recent clients section, make sure he is the selected client (it will be highlighted).</p> <ol style="list-style-type: none"> 1. Select the SUD episode/program. 2. Assessment date defaults to the date of entry; this date may be changed to accurately reflect the date assessment was conducted. 3. Assessment status defaults to draft. The assessment status should be marked as “Final” once the SUD assessment is completed. The “Final” form prevents additional edits. 4. Practitioner defaults to the staff member who is completing the SUD Assessment 5. Immediate Need Risk Assessment section: To select, make sure item contains a . 6. The summary shows information on the selections made above. This section contains information on actions that may be taken. |

SUD Assessment

Name: MELINDA
 ID: 800292
 Sex: Female
 Date of Birth: 08/19/1980

| Episode | Program | Start | End |
|---------|---|------------|-----|
| 33 | ZADP CHS ODF Monterey AB109 | 05/28/2018 | |
| 29 | ZADP CHS Methadone Clinic | 02/16/2018 | |
| 24 | CS Alisal High General Ed | 11/07/2017 | |
| 23 | CS FAST Dependency Unit | 08/04/2017 | |
| 21 | Pre-Admission Program | 04/01/2017 | |
| 20 | TAR Good Samaritan San Jose | 04/18/2017 | |
| 15 | Pre-Admission Program | 05/14/2015 | |
| 14 | Bienestar King City~INACTIVE | 03/30/2015 | |
| 13 | AS Older Adult FSP | 10/01/2014 | |
| 9 | AS King City Outpatient Clinic | 08/26/2014 | |
| 2 | TEST only (used for PROVIDER SYSTEM CODE) | 08/27/2012 | |
| 1 | AS Salinas Outpatient | 07/23/2009 | |

OK Cancel

Chart SUD Assessment

SUD Assessment Main...
 Assessment Main S...
 Substances Used
 Client Medication List

Submit

Autosaved at 12:08 PM

SUD Assessment Main Section

Assessment Date: 06/29/2018 **2**

Practitioner: SANCHEZ, JESSICA (002355) **4**

Draft or Final: Draft Final **3**

Immediate Need Risk Assessment **5**

Dim 1 - Acute Intox and/or Withdrawal Potential

(1) Client is currently experiencing fever, cold-sweats, shaking, chest pain, vomiting, coughing?

Dim 2 - Biomedical Conditions and Complications

(2) Client currently has severe physical health problems? (Unstable Hypertension, Diabetes; Significant chest, abdomen, head pain; Problems with balance)

Dim 3 - Emotional, Behavioral or Cognitive Conditions

(3a) Client in imminent danger of harming themselves or others? SI with intent, plan and means to harm self. Homicidal or violent ideation, impulsivity and

(3b) Client unable to function in activities of daily living or care for self, leading to imminent dangerous consequences?

Dim 4 - Readiness to Change

(4a) Client appears to need SUD treatment and/or MH treatment but is ambivalent or feels it is unnecessary?

(4b) Client has been coerced, mandated, or required to have an assessment by court, criminal justice system, DSS, school, family, work or significant other?

Dim 5 - Relapse, Continued Use or Problem Potential

(5a) Client is currently under the influence, acutely psychotic, manic or suicidal?

(5b) Client is likely to continue to use or experience active, acute symptoms that are imminently dangerous and likely to continue without secure placement?

(5c) Client's most presenting problems are a danger to self or others?

Dim 6 - Recovery Environment

(6) Client has dangerous family, significant others, living, work, or school situation that presents an immediate threat to their safety, well-being and/or sobriety?

Summary of Immediate Needs Questions **6**

>By selecting 1, 2, 3a or 3b an immediate referral must be made to further assess the need for Inpatient medical and/or Psychiatric care.

>By selecting 4b the client must receive an assessment within 48 hours, unless the client is likely to exit the initial phase of the interview and needs a higher level of care.

DIMENSION 1

7. Complete Dimension 1: Acute Intoxication and/or Withdrawal Potential
8. Use the **Substance Used** section to enter alcohol and substance use details.
9. Some selections will activate and require text box fields for additional details.
10. Select severity for Dimension 1; 0-4 scale: (0) none to (4) severe

The screenshot shows the software interface for Dimension 1. On the left sidebar, there are navigation options: '\$UD Assessment Main...', 'Assessment Main S...', 'Substances Used', and 'Client Medication List'. Below these is a 'Submit' button and a set of icons. The main content area has a blue header with the title 'Dimension 1 : Acute Intoxication and/or Withdrawal Potential' (7). Below the header is a red banner with the text '*** Please use the Alcohol and Substance Use tab to enter details ***' (8). There are three questions listed: (a) Client is currently using prescription medication with/without a prescription? (checkbox), (b) Client has experienced withdrawal symptoms after no longer using alcohol or substances? (e.g. tremors, excessive sweating, rapid heartbeat, numbness) (checkbox checked), and (c) Client notices that they need to use larger amounts of alcohol or substances to get high? (checkbox). Below the questions is a text area for 'Withdrawal Symptoms Description' (9) and another text area for 'Describe the need for larger amounts of substances'. At the bottom, there is a 'Dimension 1 Severity' dropdown menu (10).

SUBSTANCES USED

1. Click the button "Add New Item" this will add a new row into the multiple iteration table. The row will store information entered below. Multiple rows may be added.
2. **Select the substance used from list; if not found, type in the** name of the drug used
3. Select the method of use.
4. Enter the last date substance was used.
5. Enter the amount and frequency of use.
6. Enter the number of days the drug was used in the past 30 days.
7. Enter the age at first use

The screenshot shows a software interface for entering substance use data. At the top, there are tabs for 'Chart', '\$UD', and 'Assessment'. A sidebar on the left contains navigation options: '\$UD', 'Assessment Main...', 'Substances Used', and 'Client Medication List'. The main area is titled 'Enter Substances Used' and contains a table with the following columns: Substance Used, Method of use, Date Last Used, Amount Used, Frequency of Use, Days used in past 30, and Age at First Use. Below the table are three buttons: 'Add New Item' (1), 'Edit Selected Item', and 'Delete Selected Item'. Below these buttons are several input fields: 'Substance Used' (2), 'Method of use' (3), 'Date Last Used' (4) with a calendar icon, 'Amount Used' (5), 'Frequency of Use' (5), 'Days used in past 30' (6), and 'Age at First Use' (7). A green arrow points from the 'Add New Item' button to the first row of the table.

DIMENSION 2

12. Select all items that apply under Dimension 2: Biomedical Conditions
13. Enter information on “chronic medical problems or disabilities” and “ER or Hospital Admissions.”
14. Enter estimated dates of onset of conditions for items selected above.
15. List any allergies to medications and enter information on head injuries, when applicable
16. Select severity for Dimension 2

Dimension 2 : Biomedical Conditions and Complications 11

- (a) Client has chronic medical problems or disabilities?
- (b) In the past 30 days the client has been to an urgent care clinic, emergency room, or hospital for medical issues.
- (c) Hepatitis C diagnosis?
- (d) STD's Diagnosed?
- (e) Seizures Diagnosed?
- (f) Allergies Diagnosed?
- (g) Tuberculosis diagnosed?
- (h) Hypertension Diagnosed?
- (i) Client tested for HIV/AIDS?
- (k) Client allergic to any medications?
- (l) Client treated for head injury?

Describe chronic medical problems or disabilities

Describe ER or Hospital admissions

12

Hepatitis Diagnosis Date

 T Y

STDs Diagnosis Date

 T Y

Seizure Diagnosis Date

 T Y

13

Tuberculosis Diagnosis Date

 T Y

Allergies Diagnosis Date

 T Y

Hypertension Diagnosis Date

 T Y

List Medications Client is Allergic to

14

Describe Head Injuries

Dimension 2 Severity

15

DIMENSION 3

17. Complete Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications; Include information on mental illness and treatment, as applicable.
18. Use the **Client Medication List** section to enter a list of the client's medications.
19. Select severity for Dimension 3

Chart | SUD | Assessment

SUD Assessment Main...
Assessment Main S...
Substances Used
Client Medication List

Submit

Dim 3 - Emotional, Behavioral, or Cognitive Conditions and Complications 16

*** Please add details to the "Client Medications" tab *** 17

(a) Has the client ever been diagnosed with mental illness?
 (b) Client is currently receiving counseling or medication assisted treatment for mental health needs?

Describe Mental Illness Diagnosis

Describe the Treatment

Dangerousness Lethality

(1) Client has or had serious thoughts of Suicide?
 (2) Client desires to harm others?
 (3) Client is unable to control violent behavior?

Social Functioning

(1) Client experiences conflicts in relationships (spouse, family, friends)?
 (2) Client has difficulty with Vocational and Educational Demands?
 (3) Client is unable to meet personal responsibilities?

Dimension 3 Severity 18

CLIENT MEDICATION LIST

1. Click the button "Add New Item" this will add a new row into the multiple iteration table. The row will store information entered below. Multiple rows may be entered.
2. Enter information on medications **Select the medication name.**
3. Enter medication dosage.
4. Enter prescription date.
5. Enter name of prescriber

Chart SUD Assessment

SUD Assessment Main...
Assessment Main S...
Substances Used
Client Medication List

Submit

Client Medication List

ASAM Medications

| Medication Name | Dosage | Prescription Date | Name of Prescriber |
|-----------------|--------|-------------------|--------------------|
| | | | |

Add New Item 1
Edit Selected Item
Delete Selected Item

Medication Name 2
Dosage 3
Prescription Date 4
Name of Prescriber 5

DIMENSION 4

19. Complete Dimension 4: Readiness-To-Change
20. Select severity for Dimension 4

Dimension 4 Readiness To Change 19

(a) Client HAS DOUBTS about their need for substance use and/or mental health treatment or feels that it is UNNECESSARY.
 (b) Client has been coerced, mandated or required to have an assessment and receive treatment by drug or mental health court, criminal justice system, de
 (c) Client continues to use alcohol or drugs even though it may cause problems at work, school or in their relationships.
 (d) Client CANNOT get through the day and/or the week without using alcohol or drugs.

Doubts about Treatment

Coerced to Assessment

Readiness for Change

How Important is Alcohol and/or Drug treatment to the Client

Importance of mental health treatment

Dimension 4 Severity 20

DIMENSION 5

21. Complete Dimension 5: Relapse, Continued Use, Or Continued Problem Potential
22. Select Dimension 5 Severity

Dimension 5 : Relapse, Continued Use, Or Continued Problem Potential

21

- (a) Use of alcohol and/or other drugs places the Client or others at serious risk for negative consequences and/or harm?
- (b) Client is currently experiencing cravings or urges to use alcohol or other drugs?
- (c) Client has coping skills that can help reduce the possibility of relapse, continued substance use and/or reduce the potential for onse

Dim 5 Cravings

Dim 5 Coping Skills

Dim 5 Severity

22

DIMENSION 6

23. Complete Dimension 6: Recovery/Living Environment

24. Select Dimension 6 Severity

Chart SUD Assessment

SUD Assessment Main...
Assessment Main S...
Substances Used
Client Medication List

Submit

Dimension 6 : Recovery/Living Environment 23

Living Arrangements

(b) Client has frequent contact with friend, family members, or spouse/partner that use alcohol or other drugs?
 (c) Client resides with or has daily contact with individuals who use alcohol or other drugs?
 (d) Client attends social/cultural events within the community?
 (e) Client is currently employed, enrolled in school, or participates in a vocational training program.
 (f) Client has a car or other form of transportation.

Who supports Clients efforts to become sober?

Legal Involvement

(1) Parole
 (2) Probation
 (3) Awaiting Trial/sentencing
 (4) DSS/CPS
 (5) Other (Describe)

Describe other legal involvement

Barriers preventing goals being met

(1) Occupational Problems
 (2) Housing Problems
 (3) Financial Problems
 (4) Primary Support Group
 (5) Access to health care
 (6) Transportation
 (7) Legal Issues or Involvement with Criminal Justice System
 (8) Other (Describe)

Describe other barriers

Dim 6 Recovery Severity 24

SUD LEVEL OF CARE/SUMMARY

- 25. Information on severity of Dimensions previously selected are displayed here.
- 26. Select whether individual requires narcotic treatment services through Narcotic Treatment Program (NTP)
- 27. Enter information in Clinical Summary section. This section should cohesively present information regarding the assessment, clearly identify level of need, identify level of care, and other clinically relevant data. This is the opportunity to succinctly bring the information together and present the case for the level of care based on the functional impairments.
- 28. Select the appropriate level of care based on the SUD assessment.
- 29. Finalize form when complete.
- 30. Submit document

SUD Level of Care Placement Scoring and Summary

Dimension 1 - Acute Intoxication and /or Withdrawal Potential
 (0) None (1) Mild (2) Moderate (3) Severe (4) Very Severe

Dimension 2 - Biomedical Conditions and Complications
 (0) None (1) Mild (2) Moderate (3) Severe (4) Very Severe

Dimension 3 - Emotional, Behavioral, or Cognitive Conditions and Complications
 (0) None (1) Mild (2) Moderate (3) Severe (4) Very Severe

Dimension 4 - Readiness to Change
 (0) None (1) Mild (2) Moderate (3) Severe (4) Very Severe

Dimension 5 - Relapse, Continued Use, or Continued Problem Potential
 (0) None (1) Mild (2) Moderate (3) Severe (4) Very Severe

Dimension 6 - Recovery Environment
 (0) None (1) Mild (2) Moderate (3) Severe (4) Very Severe

NTP Treatment Required?
 No Yes

Clinical Summary
Clinical Summary Testing

Level of Care Need
3.1 - Low Intensity Residential

SUD Assessment

Assessment Date
06/29/2018

Draft or Final
 Draft Final

Submit

DIAGNOSIS

| | |
|-----------------|--|
| LOCATION | AVATAR PM→CLIENT MANAGEMENT→CLIENT INFORMATION→DIAGNOSIS |
| PURPOSE | A diagnosis must be present for the county to submit a claim for services. A primary diagnosis must be indicated and updated at least once every 12 months |
| RULES | <ul style="list-style-type: none">• Only staff that have authorization to enter a diagnosis can perform an update to an existing diagnosis.• All clients must have an admission diagnosis – An “Admission Diagnosis” should <u>NEVER</u> be edited.• For mental health programs, when a mental health diagnosis and a substance use/abuse diagnosis are both present, the mental health diagnosis <u>must</u> be the “<i>primary diagnosis</i>” and Bill Order 1.• For substance use disorder programs, when a substance use/abuse diagnosis and a mental health diagnosis are both present, the substance use/abuse diagnosis <u>must</u> be the “<i>primary diagnosis</i>” and Bill Order 1• For each of the diagnosis in the diagnosis table, you must select “yes” to add items to the problem list. Selecting “yes” will activate the onset date field, which indicates the onset date for the items in the problem list. Accurate client problem lists are valuable tools for improving the quality of care, enabling clinical decision support, and facilitating research and quality measurement. |
| STEPS | <p>TO ENTER AN ADMISSION DIAGNOSIS: Select the client and then select the Diagnosis Form</p> <ol style="list-style-type: none">1. Click on admission diagnosis. When an admission diagnosis is selected, the date of diagnosis will be auto assigned by the system (Do NOT modify this date)2. Click on Current for the time of diagnosis.3. Select New Row and verify that the Bill Order is 1 and that the ranking of the diagnosis is Primary.4. Search for the diagnosis by entering the term to describe the client’s condition or by entering the diagnostic code. Use your “Enter” key or click on the search button to begin the search – make sure that the diagnosis contains an DSM-5 and ICD-10 code set - double click on the diagnosis to make your selection.5. Select Active for the status.6. Select the classification. Mental Health: A mental health program should have the primary diagnosis classified as a Mental Health classification. Substance Abuse: A substance use disorder treatment program should have the primary diagnosis classified as a Substance Abuse classification. Environmental: This used to be categorized in the Psychosocial and Environmental Problems previously captured under Axis-IV. This category is used to indicate other clinically significant issues and provide additional context for a clinical formulation. Medical: Use of this category is OPTIONAL; however, all mental health programs continue to be required to complete the General Medical Condition located within section 2 of the diagnosis form titled Additional Diagnosis Information which contains CSI information7. Verify that the Ranking is primary and that the bill order is 1.8. Select the diagnosing practitioner by entering the first few letters of the last name into the search box and by clicking on the search button.9. Select yes on add to problem list.10. Enter estimated onset date for problem list entry. |

11. Verify that the diagnosis contains a DSM-5 and ICD-10 code set in the code cross-mapping box. If one of the required codes is missing from the code cross-mapping box, change the search terms to select a related diagnosis that has the required codes.
 - To add additional diagnosis, repeat steps 3 – 10 – additional diagnosis will not have a ranking of primary or a bill order of 1
12. Go to Additional Diagnosis Information tab and Enter CSI data (required for state reporting purposes)
13. Submit the form

Chart | Diagnosis

Diagnosis
Additional Diagnosis Inf... 12

Submit

Online Documentation

For Alcohol and Drug Programs (ADP) Services to be paid by DMC, MEDI-CAL billable ADP clients should have a principal diagnosis that is on the ICD 10 ADP Allowable Diagnosis.

A link to this list is provided at the top of the additional diagnosis information section.

Type Of Diagnosis: Admission Discharge Onset Update 1

Time Of Diagnosis: Current 2

Date Of Diagnosis: 09/28/2012

Select Episode To Default Diagnosis Information From:

Select Diagnosis Entry To Default Information From:

| Ranking | Description | Status | Estimated Onset | Classification | Resolved | Bill Order | ICD-9 Code | ICD-10 |
|---------|-------------|---------------|-----------------|----------------|-------------------|------------|------------|--------|
| 1 | Primary (1) | Alcohol abuse | Active (1) | 06/30/2018 | Substance Abus... | 1 | 305.00 | F10.10 |

New Row 3 Delete Row

Diagnosis Search: Alcohol abuse 4

Status: Active 5 Working Rule-out Resolved Void

Classification: Substance Abuse 6

Ranking: Primary 7 Secondary Tertiary

Bill Order: 1 Resolved Date:

Diagnosing Practitioner: JESSICA SANCHEZ (002355) 8

Show Active Only: Yes No

Add To Problem List: Yes 9 No

Estimated Onset Date: 06/30/2018 10

Remarks:

Code Crossmapping 11

| ICD-9 | ICD-10 | DSM-IV | SNOMED |
|--------|--------|--------|----------|
| 305.00 | F10.10 | 305.00 | 15167005 |

DSM-5: Alcohol use disorder, mild

Chart Diagnosis

ADP Allowable ICD-10 Diagnosis Codes **12**

Estimated Discharge Date: [Date Picker]

Trauma (CSI): Yes No Unknown

Substance Abuse / Dependence (CSI): Yes No Unknown / Not Reported

Substance Abuse / Dependence Diagnosis (CSI): [Text Field]

General Medical Condition Summary Code (CSI):

- Allergies
- Anemia
- Arterial Sclerotic Disease
- Arthritis
- Asthma

Submit

Online Documentation

**ROLL OVER
DIAGNOSIS
FROM A
PREVIOUS
EPISODE**

1. Select the type of diagnosis.
2. Enter the date of diagnosis.
3. Enter the time of diagnosis.
4. Click on the “select episode to default diagnosis information from” drop down to select the episode/program where you would like to copy the diagnosis from
5. Click on the “select diagnosis entry to default information from” drop down to select the diagnosis entry to copy from
6. Continue to complete diagnosis and submit.

Chart Diagnosis

For Alcohol and Drug Programs (ADP) Services to be paid by DMC, MEDI-CAL billable ADP clients should have a principal diagnosis that is on the ICD 10 ADP Allowable Diagnosis.

A link to this list is provided at the [Link] of the additional diagnosis information section.

Type Of Diagnosis: **1** Admission Discharge Onset Update

Time Of Diagnosis: **3** 01:47 PM H M AM/PM

Date Of Diagnosis: **2** 09/28/2012

Select Episode To Default Diagnosis Information From: **4** [Dropdown]

Select Diagnosis Entry To Default Information From: **5** [Dropdown]


Diagnoses

| Ranking | Description | Status | Estimated Onset | Classification | Resolved | Bill Order | ICD-9 Code | ICD-10 |
|---------|---------------------------|------------|-----------------|-------------------|----------|------------|------------|--------|
| 1 | Primary (1) Alcohol abuse | Active (1) | 06/30/2018 | Substance Abus... | | 1 | 305.00 | F10.10 |


Submit **6**

Online Documentation

SUD PROBLEM LIST

| | |
|-----------------|--|
| LOCATION | AVATAR PM → SUD → SUD Problem List |
| PURPOSE | |
| RULES | <ol style="list-style-type: none"> All beneficiaries shall have a problem list. Staff may use the 161 Problem List Hist by Client DMC_ODS |
| STEPS | <p>Select a client.</p> <ol style="list-style-type: none"> In Search forms, type SUD Problem List Select an Episode (program) Select "Problem List" Select Add New Item (to add, repeat step 4-14) Problem: Enter the text or the code. Click on the magnifying glass  to activate the search. <ol style="list-style-type: none"> Ensure the problem entered has both an ICD-10 and a DSM-V code. Type: select Primary or Secondary Status: (Select one of the following) <ol style="list-style-type: none"> Active Auto Delete from Treatment Plan Inactive Monitoring Resolved Unresolved VOID: Severity (Select one of the following) <ol style="list-style-type: none"> Incapacitating Mild Moderate Severe Chronicity <ol style="list-style-type: none"> Acute Chronic Undetermined Action <ol style="list-style-type: none"> Treating Not Treating Enter Date Identified Enter Date of Onset Enter Time of Onset Specify Other: Enter the additional information related to the problem |

Search Forms

SUD PROB| 1 

| Name | Menu Path |
|------------------|-----------------|
| SUD Problem List | Avatar PM / SUD |

<= Previous 25
1 through 1 of 1
Next 25 =>

SUD Problem List

Name: TEST CLIENT
 ID: 800292
 Sex: Male
 Date of Birth: 07/15/1956

| Episode | Program | Start | End |
|---------|---|------------|-----|
| 44 | CS Medication Support | 02/22/2024 | |
| 39 | SUD Sun Street Residential | 07/16/2018 | |
| 37 | SUD CHS OP Intensive Monterey | 07/02/2018 | |
| 36 | SUD CHS Methadone Clinic Recovery Svcs | 07/02/2018 | |
| 34 | SUD CHS OP Int Monterey Rec Svcs | 07/01/2018 | |
| 29 | SUD CHS Methadone Clinic | 02/16/2018 | |
| 14 | Bienestar King City~INACTIVE | 03/30/2015 | |
| 9 | AS King City Outpatient Clinic | 08/26/2014 | |
| 2 | TEST only (used for PROVIDER SYSTEM CODE) | 08/27/2012 | |

SUD Problem List

Input

Problem List ➔ **3** /view/Enter Problems on next section

Submit

⚙️ 🗑️ ⭐

SUD Problem List

Problem List

| Problem | Type | Date Identified | Date of Onset | Time of Onset | Status | Severity | Chronicity | Action | Date Resolved | Specify Other | UID |
|---------|------|-----------------|---------------|---------------|--------|----------|------------|--------|---------------|---------------|-----|
| | | | | | | | | | | | |

4 Add New Item Edit Selected Item Delete Selected Item

5 Problem ➔ **11** T Y

6 Type

7 Status

8 Severity

9 Chronicity

10 Action

Specify Other **14**

12 Date of Onset T Y **13** Time of Onset Current

Date Resolved T Y

EDITING A PROBLEM

AVATAR PM → SUD → SUD Problem List

STEPS

Select a client.

1. In Search forms, type SUD Problem List
2. Select an Episode (program)
3. Select "Edit"
4. Select "Problem List"
5. Click once on the row you would like to edit.
6. Select "Edit Selected Item"

Update necessary fields.

Submit

Search Forms

SUD PROB | 1

| Name | Menu Path |
|------------------|-----------------|
| SUD Problem List | Avatar PM / SUD |

<= Previous 25 1 through 1 of 1 Next 25 =>

SUD Problem List

Name: TEST CLIENT
ID: 800292
Sex: Male
Date of Birth: 07/15/1956

2

| Episode | Program | Start | End |
|---------|---|------------|-----|
| 44 | CS Medication Support | 02/22/2024 | |
| 39 | SUD Sun Street Residential | 07/16/2018 | |
| 37 | SUD CHS OP Intensive Monterey | 07/02/2018 | |
| 36 | SUD CHS Methadone Clinic Recovery Svcs | 07/02/2018 | |
| 34 | SUD CHS OP Int Monterey Rec Svcs | 07/01/2018 | |
| 29 | SUD CHS Methadone Clinic | 02/16/2018 | |
| 14 | Bienestar King City~INACTIVE | 03/30/2015 | |
| 9 | AS King City Outpatient Clinic | 08/26/2014 | |
| 2 | TEST only (used for PROVIDER SYSTEM CODE) | 08/27/2012 | |

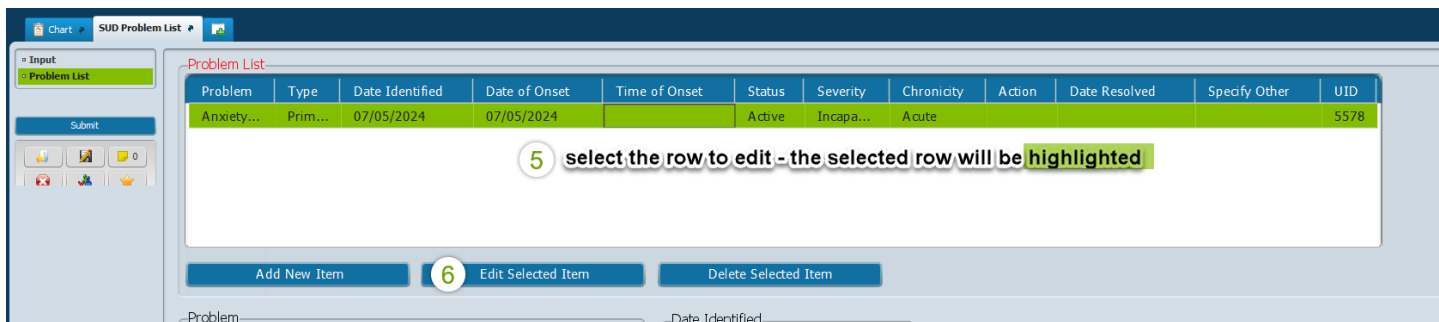
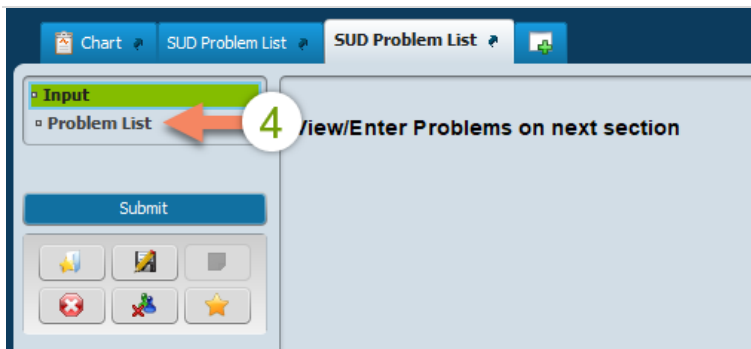
SUD Problem List

Episode

44

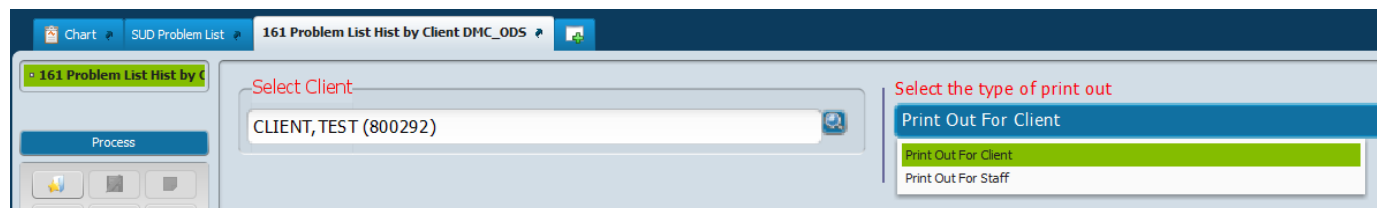
3

Add Edit Cancel



REPORT: 161 PROBLEM LIST HIST BY CLIENT DMC_ODS

1. Select a client.
2. In Search forms: search for “161 Problem List Hist by Client DMC_ODS”
3. Select the Type of print out and **Process**.



4. The report will come up for review. Sample below.



(800292) - CLIENT,TEST

| Description | Date Added |
|---|------------|
| Poisoning by other opioids, accidental (unintentional), initial encounter | 10/3/2023 |
| Anxiety disorder, unspecified | 7/5/2024 |
| Other specified health status | |

SUD TREATMENT PLAN

| | |
|-----------------|--|
| LOCATION | Avatar CWS → Treatment Planning → SUD Treatment Plan |
| PURPOSE | <ul style="list-style-type: none">• If there is <u>no previous treatment plan</u>, you will be taken directly to the Treatment Plan form, then skip to step 3.• If a client has an <u>existing active/current SUD Treatment Plan that is marked FINAL and you want to update and/or add new treatment goals to the plan, then select “ADD”</u> and default the information from the finalized treatment plan when prompted (shown in snapshot 2 below). This will create a copy of the finalized plan that may be updated and/or new treatment goals may be added (currently, the “client’s overall goal in their own words” section and the treatment start, and end dates will not default in—the treatment plan dates MUST remain the same as the finalized treatment plan you used to create this draft plan).• If a client <u>was closed to all services and is being reopened</u> and has a <u>SUD Treatment Plan</u> on file (which is NOT currently active) you choose “ADD” a treatment plan to create a new treatment plan and you decide whether it is pertinent to default the previous treatment goals, or not. <i>Note: Treatment Plan dates MUST coincide with the “original date of coordination”—please refer to “Treatment Plan” section of the Documentation Guide for an explanation of treatment dates.</i> |
| RULES | Treatment plan requirements are as follows: <ol style="list-style-type: none">1. Life Goals and Aspirations (Note: will not be scored in a utilization review)<ol style="list-style-type: none">a. Future desires2. Challenge or Barrier (Problem) (Note: will not be scored in a utilization review)<ol style="list-style-type: none">a. Barriers to achieving the goal and connected to the condition(s) identified in the assessment.3. Hope (Goal) (Note: will not be scored in a utilization review)<ol style="list-style-type: none">a. Hope stated in beneficiaries’ own words.4. Action Steps (Objectives)<ol style="list-style-type: none">a. Action steps/objectives, if achieved, would help beneficiary reach their goal and are related to the mental health needs and functional impairments.b. Action steps/objectives are specific, observable, and/or quantifiable.5. Supports (Interventions)<ol style="list-style-type: none">a. Supports are specific and includes proposed interventions, frequency, and duration.b. Supports are developed around one or more barrier (symptom or functional impairment).6. Goal Management<ol style="list-style-type: none">a. The Plan is developed at onset and is updated a least annually and/or when there are significant changes and clinically appropriate.7. Beneficiary Participation<ol style="list-style-type: none">a. Evidence beneficiary and/or or caregiver participated actively in process.b. Participation must be documented in the Plan Development progress note. |

STEPS

Select the client.

1. Select an Episode
2. If you would like to default information from an existing plan select Yes, otherwise select No to create a new plan.

CLIENT, TEST (000800292)
M, 67, 07/15/56
Ht: 5' 5", Wt: 180 lbs, BMI: 30
Address: Homeless HOMELESS homeless hOMEleSS, ...

Ep: -
Phone #: 831-999-9999

DX P: -
Attn. Pract.: -
Adm. Pract.: -
Preferred Name: testbest

Allergies (5)
Allergies Reviewed=Yes (06/19/2020)

SUD Treatment Plan

Name: TEST CLIENT
ID: 800292
Sex: Male
Date of Birth: 07/15/1956

| Episode | Program | Start | End |
|---------|---|------------|------------|
| 40 | SUD Door to Hope OP Intensive | 07/13/2022 | 09/16/2022 |
| 39 | SUD Sun Street Residential | 07/16/2018 | |
| 38 | SUD SSC OP Sun Salinas ASAM Screen Only | 07/12/2018 | 05/03/2022 |
| 37 | SUD CHS OP Intensive Monterey | 07/02/2018 | |
| 36 | SUD CHS Methadone Clinic Recovery Svcs | 07/02/2018 | |
| 35 | SUD Valley Health Narcotic | 07/02/2018 | 10/01/2020 |
| 34 | SUD CHS OP Int Monterey Rec Svcs | 07/01/2018 | |
| 33 | EP Clinic NMC | 08/28/2014 | 08/24/2015 |

OK Cancel

myAvatar 2023 - Treatment Plan

Do you want to default plan information from a previously entered plan?

Yes No

SUD TREATMENT PLAN

STEPS – SUD TREATMENT PLAN

3. Enter the Plan Name
4. Select the Plan Type
5. Enter the Clients overall goal (in their own words)
6. Enter the Plan Date (coincides with original date of coordination)
7. Enter the Next review date (45 days before treatment plan expires)
8. Enter the Plan End Date of the Treatment Plan
9. Enter the status-
 - a) Final (will not allow future changes),
 - b) Draft (allows for future changes),
 - c) or Pending Approval (will not allow for future changes)
10. If Status Pending Approval, select Team Member from drop-down list to be Notified

The screenshot shows a web-based form for creating a SUD Treatment Plan. The form is titled "SUD Treatment Plan" and includes a sidebar with navigation options. The main form area contains several fields and sections, each marked with a green circle and a number corresponding to the steps in the adjacent table:

- 3**: Plan Name (Text input field containing "2024 Updated Treatment Plan")
- 4**: Plan Type (Dropdown menu showing "Care Coordinator")
- 5**: Overall goal (in clients own words) (Text area)
- 6**: Plan Date (Date picker showing "07/01/2024")
- 7**: Next Review Date (Date picker showing "09/08/2024")
- 8**: Plan End Date (Date picker showing "09/29/2024")
- 9**: Treatment Plan Status (Radio buttons for "Draft" (selected) and "Pending Approval")
- 10**: Team Member to Notify (Dropdown menu showing "Jessica Sanchez")

Additional fields include "Life Goals / Aspirations", "Last Updated", and "Last Updated By". A "Submit" button is located in the sidebar. A large "DRAFT" watermark is visible across the form.

CHALLENGE OR BARRIER

STEPS – CHALLENGE OR BARRIER

11. Select the Challenge or Barrier from the drop-down list for which you will link the goal (if none on list, complete this field)
12. The Date Opened field will default with the current day, but changes to this date are allowed.
13. Enter name of staff responsible for helping client with this goal
14. Staff Assigning defaults with the information of the staff completing plan.
15. File and continue to My Hope/Goal

SUD Treatment Plan

Chart

SUD Treatment Plan

Required Signatures

Other Signatures

Challenge or Barrier

My Hopes/Goals

My Action Steps

Supports

Support Team

Submit

File 15

Client Treatment Plan

Select Challenge or Barrier To Edit

Status

Challenge or Barrier

Date Opened 07/10/2024 T Y

Date Due T Y

Date Closed T Y

Staff Assigning MARCHEBOUT, ROSA (002354)

Staff Responsible

Predefined Yes No

11

12

13

14

HOPE/GOAL

STEPS – MY HOPE/GOAL

16. Select the Challenge or Barrier from the drop-down list for which you intend to link with the goal.
17. Select the status of the Challenge or Barrier
18. Enter My Hope Goal or select one with an "*" from the drop-down list.
19. Ensure the date is accurate – this defaults to the current date.
20. Staff Assigning defaults to the staff completing the treatment plan but may be edited.
21. Enter the Staff Responsible
22. File and continue to the "My Action Steps" section

The screenshot shows the 'My Hopes/Goals' section of a software interface. On the left is a navigation menu with options: SUD Treatment Plan, Required Signatures, Other Signatures, Challenge or Barrier, My Hopes/Goals (highlighted), My Action Steps, Supports, and Support Team. Below the menu is a 'Submit' button and a set of icons. The main form area is titled 'My Hopes/Goals' and contains the following elements:

- A 'File' button with a callout '22'.
- A 'Client Treatment Plan' button.
- A dropdown menu for 'Select Challenge or Barrier' with a callout '16'.
- A dropdown menu for 'Select Hope/Goal To Edit' with a callout '18'.
- A 'Delete' button.
- A 'Status' dropdown menu set to 'Open' with a callout '17'.
- A large text input field for 'Hope/Goal' with a callout '18'.
- A 'Date Opened' field with the value '07/10/2024' and callout '19'.
- A 'Date Due' field with callout '19'.
- A 'Date Closed' field with callout '19'.
- A 'Staff Assigning' dropdown menu with the value 'MARCHEBOUT, ROSA (002354)' and callout '20'.
- A 'Staff Responsible' dropdown menu with callout '21'.
- A 'Predefined' section with radio buttons for 'Yes' and 'No' (selected), with callout '20'.

ACTION STEPS

STEPS – MY ACTION STEPS

23. Select the Hope/Goal from the drop-down list.
24. Select the status of the action step.
25. Enter the Client Action Steps (Objectives)
26. Ensure accuracy of date
27. Staff Assigning defaults to the staff completing the treatment plan but may be edited.
28. Enter the Staff Responsible
29. File and continue to the Supports section

My Action Steps

File **29** Client Treatment Plan

Select Challenge or Barrier

Select Hope/Goal **23**

Select Action Step To Edit Delete

Status **24**

Action Step **25**

Date Opened **26** 07/10/2024 T Y

Staff Assigning **27** MARCHEBOUT, ROSA (002354)

Date Due T Y

Staff Responsible **28**

Date Closed T Y

Predefined Yes No

SUPPORTS

STEPS – SUPPORTS

30. First, select the **Action Steps** you are working with.
31. Select the status.
32. Enter the “Supports” (interventions)
33. Verify Date Opened. SUD Treatment plan Start Date defaults.
34. Enter the Staff Responsible
35. Staff Assigning defaults to the staff completing the treatment plan but may be edited.
36. File and continue to the Support Team section

The screenshot shows the 'Supports' section of a SUD Treatment Plan. The interface includes a sidebar with navigation options: SUD Treatment Plan, Required Signatures, Other Signatures, Challenge or Barrier, My Hopes/Goals, My Action Steps, Supports (highlighted), and Support Team. A 'Submit' button is located below the sidebar. The main content area features a 'Supports' header with a 'File' button (callout 36) and a 'Client Treatment Plan' button. Below the header are several dropdown menus: 'Select Challenge or Barrier', 'Select Hope/Goal', 'Select Action Step' (callout 30), and 'Select Support To Edit' (with a 'Delete' button). A 'Status' dropdown menu (callout 31) is located below these. A large text input field for 'Support' (callout 32) is positioned below the status dropdown. The 'Date Opened' field (callout 33) is set to 07/10/2024. The 'Staff Assigning' field (callout 34) is set to MARCHEBOUT, ROSA (002354). The 'Staff Responsible' field (callout 35) is empty. The 'Predefined' section has radio buttons for 'Yes' and 'No', with 'No' selected. The 'Date Due' and 'Date Closed' fields are also empty.

SUPPORT TEAM

STEPS – SUPPORT TEAM

37. Select a row from Select Team member.
38. Select the “Role” from the drop-down list of categories (this list is intended to include anyone who may be helping the client to reach their goals)
39. **NOT** county staff - Enter the name of the support person in the Name field.
40. **County Staff** - Enter the name of the support person in the “Select Staff Member” to begin the search and make your selection.
41. Select Yes or No if the team member is the plan author and if a notification is required (to remind staff that treatment plan will soon expire)
42. File (return to SUD Treatment Plan to update the status (draft, final, pending approval))
43. Submit

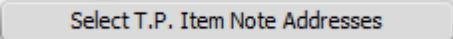
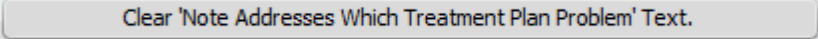
The screenshot shows the 'Support Team' section of a web application. The interface includes a sidebar with navigation options, a main content area with a 'Support Team' header, and a form with several input fields and buttons. The form is annotated with green circles containing numbers 37 through 43, corresponding to the steps in the adjacent text.

- 37**: Points to the 'Select Team Member' dropdown menu.
- 38**: Points to the 'Role' dropdown menu.
- 39**: Points to the 'Name' text input field.
- 40**: Points to the 'Select Staff Member' search input field.
- 41**: Points to the 'Notification Required' radio button options (Yes/No).
- 42**: Points to the 'File' button.
- 43**: Points to the 'Submit' button.

The form also features a 'Client Treatment Plan' button, a 'Delete' button, and radio button options for 'Plan Author' (Yes/No).

PROGRESS NOTES

CLINICAL PROGRESS NOTES MC (OUTPATIENT)

| | |
|-----------------|---|
| LOCATION | CWS → Clinician Menu → Clinical Progress Note MC |
| PURPOSE | The progress note is used to record the services that result in claims and to provide the treatment team with the most accurate information on treatment progress. Notes must accurately reflect the services/interventions provided and must be a medically necessary service. |
| RULES | <ul style="list-style-type: none">• Must be completed within 72 business hours of service.• Clearly identify the intervention and be medically necessary• Duration of service provided must be in minutes.• All progress notes must be finalized |
| STEPS | <p>Select the client.</p> <ol style="list-style-type: none">1. Select the Episode or Program and click “Ok.”2. New Service will automatically select for you in the “Progress Note For” box, if it is not automatically selected then select “New Service.”3. Enter the date of service, this is the date you provided the service.4. from the drop down, select the Location where the service was provided.5. Enter the Service Charge Code (if the client’s chart is not in compliance the Service Charge Code will automatically change to a 330 service code and it will lock not allowing you to modify the Service Charge Code)6. Enter the Service Duration7. Select the Note Type from the drop-down box.8. If the type of note is “Co-Signature Required” in this field, you will select the staff member who will be co-signing the note.9. Click on Select T.P Item Note Addresses to open clients Treatment Plan 10. Select the Intervention linking to this progress note. If you chose the incorrect intervention and wish to reselect the intervention, click on 11. Type your notes in the Notes Field (Function, Intervention, Response, Plan will default). If the clients preferred Language is other than English, it will default “Services provided in <u>clients preferred language</u> via” in the Notes Field box. <p>In the “Additional Information” section (duration is entered in minutes)</p> <ol style="list-style-type: none">12. Enter Travel Duration if any.13. Enter Documentation Duration14. From the drop down, select the Evidence Based Practice15. By selecting Restricted Disclosure, you are notifying the QI team that the progress note contains sensitive information that should be reviewed prior to disclosure.16. The Client Signature is designated for certain teams. (Please consult with your supervisor should you have any questions re this box)17. Select “Draft” if the note is incomplete or needs edits. Select “Final” if the note is complete.18. Submit the note |

Names: TEST CLIENT
ID: 800292
Sex: Male
Date of Birth: 07/23/1970

| Episode | Program | Start | End |
|---------|--------------------------------|------------|------------|
| 12 | CS Youth Diversion Castroville | 07/24/2011 | |
| 11 | ER Crisis NMC | 05/04/2011 | |
| 10 | Pre-Admission Program | 02/03/2011 | |
| 9 | CS SB King City SD | 09/10/2010 | 02/22/2011 |
| 8 | AS King City Outpatient Clinic | 03/11/2010 | 03/11/2010 |
| 7 | Access to Treatment Salinas | 03/10/2010 | 04/13/2010 |
| 6 | Access CALWORKS | 03/09/2010 | 08/06/2010 |
| 5 | CS Salinas Outpatient | 02/22/2010 | 04/13/2010 |
| 4 | Access MHSA Castroville | 02/09/2010 | |
| 3 | ZADP Door to Hope Outpatient | 01/20/2010 | |
| 2 | TAR Test Program | 09/14/2009 | 04/13/2010 |
| 1 | AS Salinas Outpatient | 07/23/2009 | |

OK Cancel

Chart Clinical Progress Note MC

Ambulatory Progress N...
Add-On Service
Additional Information

Submit

Progress Note For:
 Existing Service
 Existing Appointment
 Independent Note
 New Service

Draft/Final
 Draft
 Final

Date Of Service: Today Yesterday

Location

Service Charge Code

Total Duration

Note Type

User To Send Co-Sign To Do Item To

Select T.P. Version:
 Client Treatment Plan (non-Episode based)
 SUD Treatment Plan

Select T.P. Item Note Addresses

Note Addresses Which Treatment Plan Problem

Clear 'Note Addresses Which Treatment Plan Problem' Text.

Clear 'Note Addresses Which Treatment Plan Problem' Text.

11 Notes Field

Services provided in Spanish via

Chart Clinical Progress Note MC

Ambulatory Progress N...
Add-On Service
Additional Information

Submit

Travel Duration 12 Doc Duration 13

Evidence Based Practice

14

Restricted Disclosure

15

Client Signature

16

Get Signature

INPATIENT PROGRESS NOTE MC (INPATIENT/RESIDENTIAL)

| | |
|-----------------|--|
| LOCATION | CWS → SUD → Inpatient Progress Note MC |
| PURPOSE | The progress note is used to record the services that result in claims and to provide the treatment team with the most accurate information on treatment progress. Notes must accurately reflect the services/interventions provided and must be a medically necessary service. |
| RULES | <ul style="list-style-type: none"> • Must be completed within 72 business hours of service. • Clearly identify the intervention and be medically necessary • Duration of service provided must be in minutes. • All progress notes must be finalized |
| STEPS | <p>Select the client.</p> <ol style="list-style-type: none"> 1. New Service will automatically select for you in the “Progress Note For” box, if it is not automatically selected then select “New Service.” 2. Enter the date of service, this is the date you provided the service. 3. Enter the Service Charge Code 4. from the drop down, select the Location where the service was provided. 5. Enter the Service Duration 6. Select the Note Type from the drop-down box. 7. If the type of note is “Co-Signature Required” in this field, you will select the staff member who will be co-signing the note. 8. Type your notes in the Notes field. |

The screenshot shows the 'Inpatient Progress Note MC' form interface. The form is titled 'Inpatient Progress Note MC' and includes a 'Submit' button. The form fields are as follows:

- 1**: Progress Note For (radio buttons for Existing Service, Existing Appointment, Independent Note, and New Service)
- 16**: Draft/Final (radio buttons for Draft and Final)
- 2**: Date Of Service (calendar icon, Today, Yesterday buttons)
- 3**: Service Charge Code (text input field)
- 4**: Location (dropdown menu)
- 5**: Service Duration (text input field)
- 6**: Note Type (dropdown menu)
- 7**: User To Send Co-Sign To Do Item To (dropdown menu)
- 8**: Notes Field (large text area)
- 17**: Submit button

Additional elements include 'Add-On Service', 'Additional Information', and 'Online Documentation' sections on the left side of the form.

STEPS

9. Select SUD T.P. Version by selecting:

Select T.P. Item Note Addresses

Item Note Addresses to open clients Treatment Plan

10. Select the Intervention linking to this progress note. If you chose the incorrect intervention and wish to reselect the intervention, click on

Clear 'Note Addresses Which Treatment Plan Problem' Text.

The screenshot shows the 'Inpatient Progress Note MC' interface. On the left, there is a sidebar with 'Inpatient Progress Notes' and 'Additional Information' sections. A 'Submit' button is visible. The main area contains a dropdown menu for 'Select T.P. Version' with 'SUD Treatment Plan' selected, indicated by a red arrow and a circled '9'. Below this is a button 'Select T.P. Item Note Addresses' and a text area 'Note Addresses Which Treatment Plan Problem'. A circled '10' points to a 'Clear 'Note Addresses Which Treatment Plan Problem' Text.' button at the bottom of the text area. The interface also shows 'Autosaved at 2:19 PM' and 'Online Documentation'.

STEPS

In the “Additional Information” section (duration is entered in minutes)

11. Enter Travel Duration. **If none enter 0.**

12. Enter Documentation Duration. **If none, enter 0.**

13. From the drop down, select the Evidence Based Practice

14. By selecting Restricted Disclosure, you are notifying the QI team that the progress note contains sensitive information that should be reviewed prior to disclosure.

15. The Client Signature is designated for certain teams. (Please consult with your supervisor should you have any questions re this box)

16. Select “Draft” if the note is incomplete or needs edits. Select “Final” if the note is complete.

17. Submit the note

The screenshot shows the 'Additional Information' section of the 'Inpatient Progress Note MC' interface. It features four input fields: 'Travel Duration' (step 11), 'Doc Duration' (step 12), 'Evidence Based Practice' (step 13), and 'Restricted Disclosure' (step 14). Each field is highlighted with a circled number. The 'Submit' button is visible below the fields. The interface also shows 'Autosaved at 2:19 PM' and 'Online Documentation'.

HOW TO VIEW PROGRESS NOTES

| | |
|-----------------|---|
| LOCATION | Avatar CWS → Progress Notes→ Progress Note Viewer |
| PURPOSE | This form is used to view progress notes for the selected client, episode, date range and note type |
| RULES | <ul style="list-style-type: none"> This option allows you to view notes by episode for the selected client |
| STEPS | <ol style="list-style-type: none"> Select the client. <ol style="list-style-type: none"> Select the Episode or Program you would like to view progress notes for and click “Ok.” Enter a start date. Enter an end date. Select the type of notes to be viewed (to select ALL, hold down the Control Key and press on the A key once) Click on the “print progress notes” button to view progress notes |

Progress Note Viewer

Name: TESTFIRSTNAME CLIENT
 ID: 800292
 Sex: Male
 Date of Birth: 07/23/1992

| Episode | Program | Start | End |
|---------|---|------------|------------|
| 14 | Bienestar King City | 03/30/2015 | |
| 13 | AS Older Adult FSP | 10/01/2014 | |
| 12 | Bienestar Salinas | 09/22/2014 | |
| 11 | ER Crisis NMC | 08/28/2014 | |
| 9 | Access to Treatment King City | 08/26/2014 | |
| 8 | CS FAST Dependency Unit | 08/06/2014 | 09/10/2014 |
| 7 | Access CALWORKs King City | 05/15/2014 | |
| 6 | Access to Treatment Salinas | 01/13/2014 | 01/15/2014 |
| 5 | ER Crisis NMC | 07/05/2013 | 05/30/2014 |
| 4 | CS 11 SAMHSA MHSA | 10/25/2012 | 02/28/2013 |
| 3 | Pre-Admission Program | 09/28/2012 | |
| 2 | TEST only (used for PROVIDER SYSTEM CODE) | 08/27/2012 | |
| 1 | AS Salinas Outpatient | 07/23/2009 | |

Progress Note Viewer

Start Date: [] Today Yesterday

End Date: [] Today Yesterday

Note Type To Display

- Access Call or Walk In
- Co-Signature Required
- Crisis Team Call
- Crisis Team Consult




Print Progress Notes

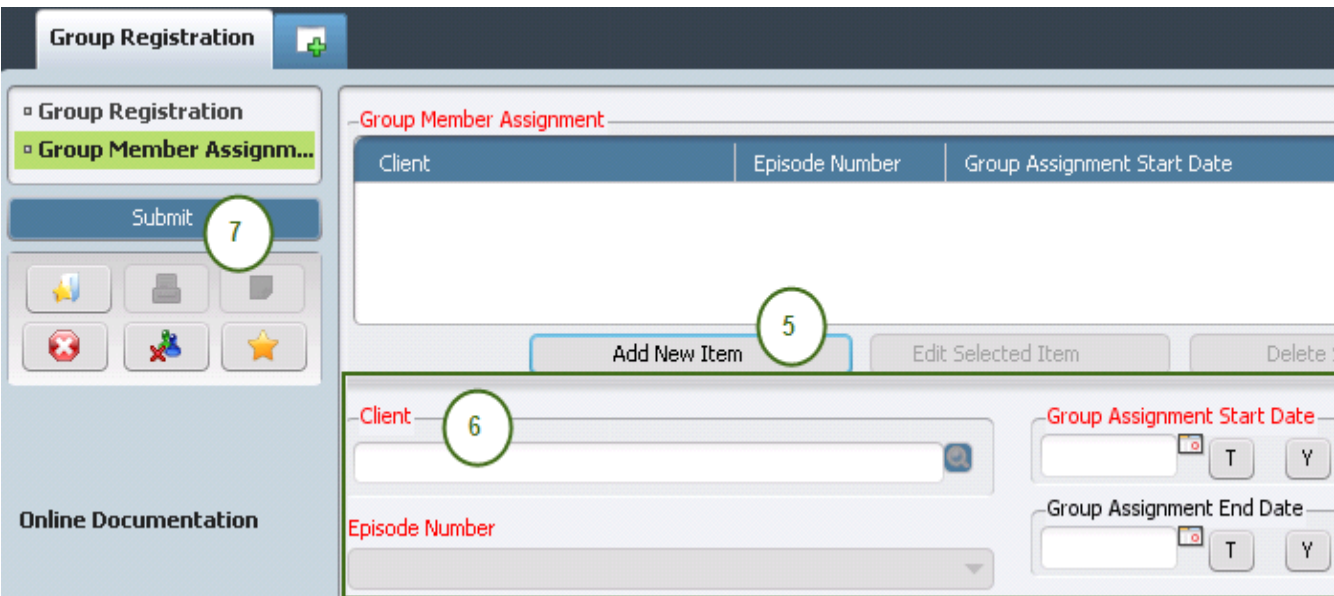
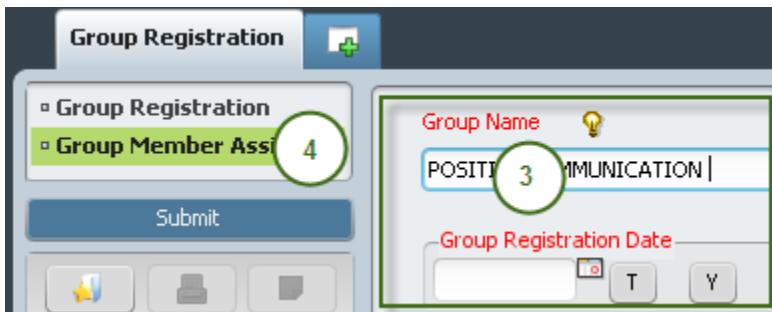
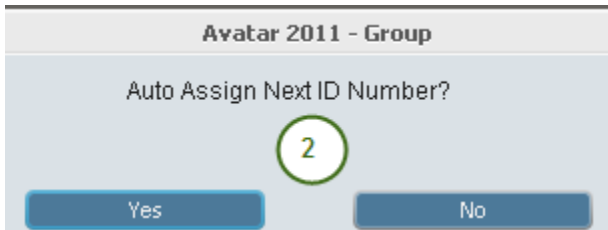
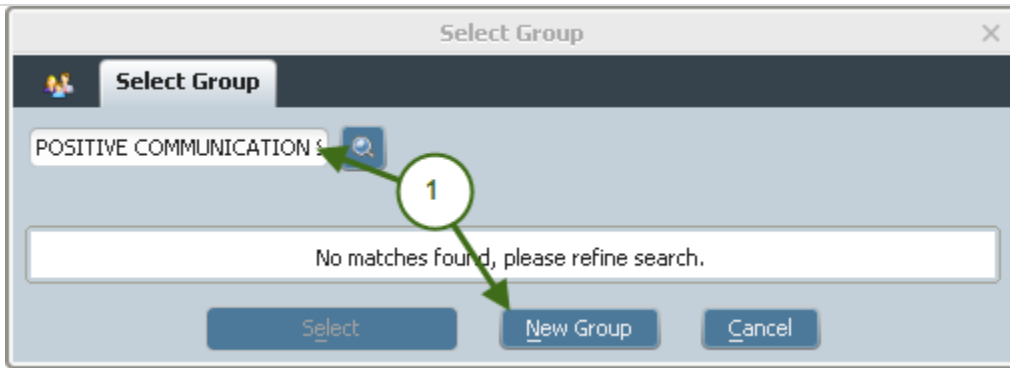
GROUP NOTES

There are three parts in creating group notes.

- Section 1 will explain how to register a group and add clients to the group.
- Section 2 will show you how to enter your group default note and add or remove clients that were not present in your group.
- Section 3 will show you how to edit the individual clients progress note.

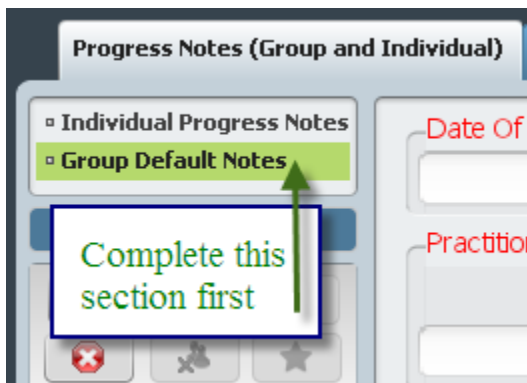
GROUP REGISTRATION

| | |
|-----------------|--|
| LOCATION | Avatar CWS → Group Note→Group Registration |
| PURPOSE | The first thing you need to do is create a group by registering it in the “Group Registration”. Here you can enter the name of the Group and add the clients that you know will be attending this group. In the Group Registration section, you can continue to add new clients once they join the group. You can remove clients when they have completed their sessions or have dropped the group. You can enter Client ID/names to a group to enable easy management. To enter the client ID/names to a group, the group must be registered beforehand. The purpose of registering clients into the group is to have the client’s auto fill when you are ready to write the group notes. |
| RULES | <ul style="list-style-type: none">• Used for interventions offered to two or more clients.• One to three eligible practitioners may provide these services.• Only one progress note for each client is written, even when more than one practitioner leads the group.• Progress notes written ONLY for client’s who participated in group.• Duration of service is measured in minutes |
| STEPS | <ol style="list-style-type: none">1. Enter the name of the Group and click on  (to process search) then click on New Group to proceed in registering the group.2. Select Yes to Assign the new group an ID number.3. Enter the name of the Group and Enter the date the group was registered (created)4. Continue to the Group Member Assignment Section5. Click on Add New Item6. Enter the Client’s Name or Client ID number, Under episode Number select the episode you will be working under (note: you cannot select a closed episode or a pre-admission episode) then Select a group assignment start date (The date client will enter the group)7. To add another client, click  and repeat the process to develop a group list, when finished, click  |



GROUP DEFAULT NOTE

| | |
|---------------------------------------|---|
| LOCATION | Avatar CWS → Group Note→Progress Notes (Group and Individual) |
| PURPOSE | This section of the progress note can be looked at as the “Functional” and some of the “Intervention” sections of the FIRP format used for progress notes. This section of the progress note will default into every client’s progress note written for this group. |
| RULES | <ul style="list-style-type: none"> • GROUP DEFAULT NOTES section needs to be completed before the Individual Progress Notes. • <u>DO NOT</u> move between section or you will lose all information. • Complete Group Notes before saving data. • You <u>CANNOT</u> leave Group Notes in Draft. |
| STEPS PROGRESS NOTES - GROUP | <ol style="list-style-type: none"> 1. Enter the Date of the Group 2. Enter the name or staff ID of the Practitioner coordinating the group. 3. Select New Service for Progress Note For section. 4. Enter the Group Name or Number 5. Enter the duration of the Group (Include Preparation, Group time and Post Group Time) 6. Select the Service Program 7. Select the Location of the Group 8. Enter the Service Charge Code 9. Select the Note Type. If Co-signature required, select the name of the staff from “User to send Co-Sign to Do Item to”. “Staff to send scratch note to do item to” will default from Practitioner entry. 10. To Add a client to the group <ul style="list-style-type: none"> • click on Add Client to Group – this will enable the search field. • Enter the Name or Client ID of the client you are adding to the group. • Select the episode make sure to select a program you can bill under 11. To Remove a client from the group <ul style="list-style-type: none"> • Click on Remove Client from Group • Select the name from the drop-down menu. 12. Write the Note in this section (note should be in a FIRP format) 13. Select the Evidence Based Practice/Evidence Based Service Strategy List from the drop down. 14. File the Note 15. Go to Individual Progress Notes section after the note has been filed. |



Progress Notes (Group and Individual)

Individual Progress Notes

Group Default Notes

1 Date Of Group

2 Practitioner

3 Progress Note For

4 Online Documentation

5 Service Duration

6 Service Program

7 Location

8 Service Charge Code

9 Note Addresses Which Existing Service/Appointment

10 Client To Be Added To Group

11 Removal Selection

Existing Service

Existing Appointment

Independent Note

New Service

User To Send Scratch Note To-Do Item To (select yourself)

Note Type

User To Send Co-Sign To-Do Item To

Add Client To Group

Remove Client From Group

Note

12

14 File Note

13 Evidence Based Practice/Evidence Based Service Strategy List

Progress Notes (Group and Individual)

Individual Progress Notes

Group Default Notes

Submit

15

EDIT INDIVIDUAL NOTE

STEPS PROGRESS NOTES – INDIVIDUAL PROGRESS NOTES

1. Enter the Group Name or Number
2. Enter the Date the Group Note was written.
3. Select the note you want to Edit (Click on the drop down menu to select the client you are editing the note for
4. Location will default from Group Default Note entry
5. If a co-signature is required the staffs name will default from Group Default Note entry
6. Date of Service, Service Charge Code, Service Program, Service Duration and Practitioner will default from Group Default Note entries.
7. Notes Field: type the note for the specific client in this section.
8. Click on Select the Treatment Plan Version
9. Select on Treatment Plan Item Note Addresses → after you have selected the treatment plan item, it will be displayed to the right.
10. Click on Clear “Note Addresses Which Treatment Plan Problem” text if you need to erase the treatment plan item note addresses.
11. File Note –
 - **Once you file the Individualized Progress Note, select the next client, and repeat steps 3-11 until all the notes have been completed for all clients that attended the group.**
12. All the information in this section will default from Group Default Note Entry- **Do Not Change information in this section**

Individual Progress Notes
Group Default Notes

Submit



Online Documentation

1 - Group Name or Number

2 - Note Date

3 - Select Note To Edit

4 - Location

5 - User To Send Co-Sign To Do Item To

6 - Date Of Service

Service Charge Code

Service Program

Service Duration

Practitioner

PEREZ,HILDA (002428)

Notes Field

7 - Large text area for notes

8 - Select T.P. Version

9 - Select T.P. Item Note Addresses

10 - Clear 'Note Addresses Which Treatment Plan Problem' Text.

Note Addresses Which Treatment Plan Problem

Text area for treatment plan problem addresses

11 - File Note

Progress Note Entry

12 - Progress Note For

- Existing Service
- Existing Appointment
- Independent Note
- New Service

Select Client

Client selection dropdown

Select Episode

Episode selection dropdown

Note Addresses Which Existing Service/Appointment

Dropdown for existing service addresses

Note Type

Note type dropdown

File Note

DISCHARGE SUD

| | |
|-----------------|--|
| LOCATION | CWS → CLINICIAN MENU → DISCHARGE SUD |
| PURPOSE | <p>This form is used to capture information on Discharge Plan and Discharge Summary.</p> <ul style="list-style-type: none"> Discharge Plan: Completed when an individual is being discharged from care (voluntary or involuntarily) <ul style="list-style-type: none"> Print-out of signed discharge plan shall be provided to the individual. Discharge Summary: Completed when program has <i>lost contact</i> with the individual. <p>“Right-Click” templates are available to ensure documentation of minimal information is captured.</p> |
| RULES | <p>15. Completed to discharge a client from program/episode. 16. Completed once the “CalOMS Discharge” has been submitted</p> |
| STEPS | <p>Select the client.</p> <ol style="list-style-type: none"> Enter the date the discharge plan or discharge summary is completed. Select Discharge Plan (voluntary or involuntary discharge) or Discharge Summary (loss of contact) Right click in the white box (Discharge Plan/Summary) and select a template and fill in the Discharge Plan/Discharge Summary Select whether a copy was given to the client. If NO copy is given to the client, enter notes on why a copy was not given to the client. Get client Signature if applicable (Necessary for Discharge Plan) Enter the Date of client signature. Enter Name of Staff completing the form |

The screenshot shows the 'Discharge SUD' form interface. The form includes the following fields and features:

- 1**: Date completed (calendar icon)
- 2**: Type of plan (radio buttons for Discharge Plan and Discharge Summary)
- 3**: Discharge Plan/Summary text area with a right-click context menu open, showing options like Cut, Copy, Paste, Delete, SpellCheck, Select All, and System Templates. A red annotation says "Right click here to access templates".
- 4**: Copy given to client? (radio buttons for Yes and No)
- 5**: Notes text area
- 6**: Client signature text area with a "Get Signature" button
- 7**: Date of signature (calendar icon)
- 8**: Completed by (text field)

CHAPTER 5 DISCHARGE

| | |
|-----------------|---|
| LOCATION | CWS → Clinician Menu → Discharge |
| PURPOSE | This form is used to discharge a client from a specific program or episode. |
| RULES | <ul style="list-style-type: none"> • Do not enter # signs into the address section. • Enter discharge progress note prior to completing discharge. • Make sure there are no pending draft notes prior to discharge. • Assign an end date to the client case coordinator form if applicable |
| STEPS | <p>Select the client.</p> <ol style="list-style-type: none"> 1. Select the episode/ program and click Ok. 2. Enter the date of discharge. 3. Enter the time of discharge. 4. Select from the drop down the type of discharge. 5. Enter your clinician number or name (last name first) 6. Enter any additional comments or remarks in this notes section. 7. Go to the demographics section to update client demographics if needed. 8. Review all the fields to make sure they reflect the client's current information at discharge (scroll all the way down) 9. Click on the CSI section. 10. Select from the drop down the patient status code. 11. Select from the drop down the legal class. 12. click submit |

Discharge

Name: TEST CLIENT
ID: 800292
Sex: Male
Date of Birth: 07/23/1970

| Episode | Program | Start | End |
|---------|--------------------------------|------------|------------|
| 16 | TEST only | 08/23/2010 | |
| 15 | Access to Treatment Salinas | 08/19/2011 | 08/23/2011 |
| 14 | ZADP Valley Health OP | 06/24/2011 | |
| 13 | Access CALWORKS | 06/23/2011 | 08/23/2011 |
| 12 | ER Crisis NMC | 05/31/2011 | 08/23/2011 |
| 11 | ER Crisis NMC | 05/04/2011 | 05/31/2011 |
| 10 | Pre-Admission Program | 02/03/2011 | 08/23/2011 |
| 9 | CS SB King City SD | 09/10/2010 | 02/22/2011 |
| 8 | AS King City Outpatient Clinic | 03/11/2010 | 03/11/2010 |
| 7 | Access to Treatment Salinas | 03/10/2010 | 04/13/2010 |
| 6 | Access CALWORKS | 03/09/2010 | 08/06/2010 |
| 5 | CS Salinas Outpatient | 02/22/2010 | 04/13/2010 |
| 4 | Access MHSA Castroville | 02/09/2010 | 08/23/2011 |
| 2 | TAR Test Program~INACTIVE | 09/14/2009 | 04/13/2010 |
| 1 | AS Salinas Outpatient | 07/23/2009 | |

OK
Cancel

RECURRING CLIENT CHARGE INPUT

ADDING DAILY CHARGES

| | |
|-----------------|--|
| LOCATION | Avatar PM → Services → Ancillary → Ambulatory Services → Recurring Client Charge Input |
| PURPOSE | |
| RULES | |
| STEPS | <p>As an example, daily charges are being added for 1 month. Section “Recurring Client Charge Input.”</p> <ol style="list-style-type: none">1. Enter the date range you want to enter services for (example 3/01/2024 to 3/31/2024)2. Select whether you want to exclude weekends.<ul style="list-style-type: none">• Selecting Yes will not include weekends in the list of dates.• Selecting No will include weekends in the list of dates.3. Select the dates you want to enter charges for (dates the client was present)<ul style="list-style-type: none">• To select all dates: click on the 1st date check box then using your keyboard, select the keys “Ctrl” and “A”.4. Select “Client Charge Input.” |

The screenshot shows the 'Recurring Client Charge Input' form. Step 1 highlights the 'From Date' (06/01/2024) and 'Through Date' (06/30/2024) fields. Step 2 highlights the 'Exclude Weekends' section, where 'Yes' is selected. Step 3 highlights the 'Select Dates' list, which contains dates from 2024-06-03 to 2024-06-25, all with checked boxes. An orange box around the list is labeled 'Dates of Service selected'. A text box on the right says 'To select all, select the first date check box. On your keyboard, use the keys Ctrl + A'.

The screenshot shows the 'Recurring Client Charge Input' form with step 4 highlighted. A mouse cursor is clicking on the 'Client Charge Input' button. A tooltip above the button says 'Client Charge Input'.

STEPS

Section “Client Charge Input”

5. Enter Client ID.
6. Select the episode.
7. Enter the service code for the daily charge.
8. Enter the staff ID/name (this is the staff providing the service)
9. Enter “1” for minutes.
10. Submit the form. Once submitted, the daily charges will be added to the billing tables.
11. Click “Yes” to “Do you wish to return to the form?” (to enter board and care charges, if any)

The screenshot shows the 'Recurring Client Charge Input' form. The form is divided into several sections. On the left, there is a sidebar with a 'Submit' button and 'Online Documentation' link. The main form area contains the following fields and steps:

- Date Of Service:** 03/01/2024. A red box highlights this field with the text: "LEAVE THIS DATE AS IS DONT CHANGE IT".
- Service Start Time:** Current. H: [], M: [], AM/PM: [].
- Service End Time:** Current. H: [], M: [], AM/PM: [].
- Client ID:** TEST,CINDY (1). A yellow box labeled "Step 5" highlights this field.
- Episode Number:** Episode # 62 Admit : 03/01/20... A yellow box labeled "Step 6" highlights this field.
- Program:** SUD Sun Street Residential.
- Service Code:** 3.1 RESIDENTIAL NP (SR31CA). A yellow box labeled "Step 7" highlights this field.
- Modifiers:** []
- Practitioner:** SANCHEZ {QI},JESSICA (002355). A yellow box labeled "Step 8" highlights this field.
- Duration (Minutes):** 1. A yellow box labeled "Step 9" highlights this field.
- Location:** Residential Substance Abuse Tr... (dropdown menu).
- Co-Practitioner:** []
- Co-Practitioner Duration (Minutes):** []
- Co-Practitioner 2:** []
- Co-Practitioner 2 Duration (Minutes):** []
- Cost Of Service:** 388.30

The screenshot shows a 'Form Return' dialog box. The dialog box has a title bar with 'Form Return' and a close button (X). The main text reads: "Submitting has completed. Do you wish to return to form?". There are two buttons: 'Yes' and 'No'. A red arrow points to the 'Yes' button. A yellow box labeled "Step 11" highlights the dialog box.

ADDING BOARD & CARE CHARGES

The information previously entered has remained on the form. Avatar will take you back to the first section to verify the date range. In this scenario we will add the board and care charges to the same dates previously entered for the daily charges. Therefore, no changes were made the Recurring Client Charge Input section.

| | |
|--------------|---|
| STEPS | Section “Client Charge Input” 12. Click on “Client Charge Input.” 13. Update the service code to board and care services. 14. Submit. |
| | Run report 113 Client Service Summary to view the charges |

This screenshot shows the 'Recurring Client Charge Input' form. A yellow box highlights the 'Step 12' label. Below it, the 'Service Start Time' and 'Service End Time' fields are visible, both set to 'Current' with AM/PM dropdowns.

This screenshot shows the 'Recurring Client Charge Input' form at Step 13. A yellow box highlights the 'STEP 14' label in the left sidebar. The main form fields include: 'Date Of Service' (03/01/2024), 'Service Start Time' (Current), 'Service End Time' (Current), 'Client ID' (TEST,CINDY (1)), 'Episode Number' (Episode # 62 Admit : 03/01/20...), 'Program' (SUD Sun Street Residential), and 'Service Code' (3.1 RES BOARD AND CARE NP (SR31BCCA)). The 'Practitioner' field is filled with 'SANCHEZ {Q1},JESSICA (002355)'. A red arrow points to the 'Submit' button in the sidebar.

Select “No” to exit the form.

This screenshot shows a 'Form Return' dialog box with a question mark icon. The text reads: 'Submitting has completed. Do you wish to return to form?'. There are two buttons: 'Yes' and 'No'. A red arrow points to the 'No' button.

HEALTH QUESTIONNAIRE SUD

| | |
|-----------------|---|
| LOCATION | CWS → CLINICIAN MENU → HEALTH QUESTIONNAIRE SUD |
| PURPOSE | This is a self-administered physical health document |
| RULES | <ul style="list-style-type: none">• Form provided by program.• Results shall be discussed with individual.• Supports treatment planning.• Scan completed document to “Health Questionnaire” category.• For directions on scanning see: Document Capture |
| STEPS | <p>Select the client.</p> <ol style="list-style-type: none">1. Enter the date the questionnaire was completed.2. Select if the questionnaire was scanned.3. Enter the date the questionnaire was scanned |

Chart Health Questionnaire SUD

Health Questionnaire

Submit

Date questionnaire completed T Y 1

Was the questionnaire scanned? Yes No 2

Date scanned T Y 3

PHYSICAL EXAM

| | |
|-----------------|---|
| LOCATION | CWS →CLINICIAN MENU →PHYSICAL EXAM |
| PURPOSE | The purpose of this form is to capture a history of physical exams scanned into Avatar |
| RULES | <ul style="list-style-type: none">• Completed at least on admission and annually, thereafter.• If no physical examination is present• The program physician may complete one.• The program shall add this as a goal within the treatment plan and provide support to help client obtain physical examination (if no physical examination is noted within 3-months of admission, the program shall demonstrate evidence of supporting the client in obtaining as evidenced by identification of barriers and referrals.• Scan completed document in “Physical Exam” category.• For directions on scanning see: Document Capture |
| STEPS | <p>Select the client.</p> <ol style="list-style-type: none">1. Select if the client has had a physical exam in the past 12 months prior to admission.2. Enter the date of the physical3. Select if the physical was scanned.4. Enter the date the physical exam was scanned |

The screenshot shows the 'Physical Exam SUD' form interface. On the left is a sidebar with a 'Physical Exam' header, a 'Submit' button, and several icons. The main form area contains the following fields:

- 1**: A radio button question: "Client has a physical exam in the last 12 months prior to admission?" with options "Yes" and "No".
- 2**: A text input field for "Date of physical exam" with a date picker and a "T" button.
- 3**: A radio button question: "Was the physical exam scanned?" with options "Yes" and "No".
- 4**: A text input field for "Date scanned" with a date picker and a "T" button.

Below the "Date of physical exam" field, there is a text prompt: "If no, include goal in treatment plan and how the plan will meet this requirement".

LABORATORY TESTING

| | |
|--|--|
| LOCATION | CWS →CLINICIAN MENU →LABORATORY TESTING |
| PURPOSE | This form is used to capture information on laboratory testing by the program, incoming from another clinic, and/or drug screening refusals. |
| RULES | <ul style="list-style-type: none">• Tracks when laboratory testing was ordered by the program or when laboratory tests were obtained from another clinic.• Scan lab order/results in the “Labs” category• Drug Screening Refusal: for programs using this option, complete this section to document client’s refusal to drug testing.• For directions on scanning see: Document Capture |
| STEPS LAB TESTING SECTION | <p>Select the client.</p> <ol style="list-style-type: none">1. Select the type of lab work.2. If “other” is selected, enter the type of lab work ordered/obtained.3. Enter the Date Specimen was collected.4. Enter the Date Specimen was sent to the lab.5. Enter the Name of the staff who sent the specimen to the lab.6. Select Date lab order was scanned into Avatar. <p>Click SUBMIT to save the information entered on the form.</p> <p>For Results: When results are received, enter information in the results section of this form. Open the form, click on “results” section of the form (left hand side of form).</p> <ol style="list-style-type: none">7. Enter the Date the Results were Received.8. Select the Lab Results9. Select whether Results were Scanned into Avatar10. Enter the Date Results were scanned.11. Name of Staff who received results |

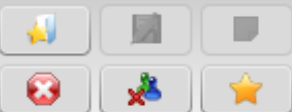


Lab Testing

RESULTS

Drug Screen Refusal

Submit



Type of lab

- UA Screen
- Drug test
- TB test
- Other

1

Other lab

2

Date specimen collected

T Y

3

Date specimen sent to lab

T Y

4

Sent by

Was the lab order scanned?

- Yes
- No

5

Date lab order scanned

T Y

6

RESULTS

Date results received

T Y

7

Results

- Positive
- Negative

8

Were the results scanned?

- Yes
- No

9

Date results scanned

T Y

10

Results received by

11

DRUG SCREEN REFUSAL SECTION

Drug Screen Refusal: This section is completed by programs who use this option.

1. Enter the Date of Refusal
2. Type the Month of Refusal
3. Click “Get Signature” to get clients signature using a signature pad.
4. Enter the Date of Client Signature
5. Click “Get Signature” of staff completing form.
6. Enter the Date of staff signature.

Chart Laboratory Testing

Lab Testing RESULTS
Drug Screen Refusal

Submit

Date of refusal T Y **1**

I have considered all of my options, and understand that refusing to provide a sample will result in a positive drug screen for the month of

Month **2**

Title 9, CCR, Div. 4, Ch.4, S10335. Failure of Patients to Provide a Body Specimen.

When a patient fails to provide a body specimen when required, the program shall proceed as though the patient's sample from his or her body specimen disclosed the presence of an illicit drug(s). Such failures shall be noted in the patient's records. NOTE: Authority cited: Sections 11755, 11835, 11839.3, and 11839.20, Health and Safety Code. Reference: Sections 11839.3, 11839.20 and 11839.21, Health and Safety Code.

Client signature **3**
Get Signature

Date of signature T Y **4**

Staff signature **5**
Get Signature

Date of signature T Y **6**

CLIENT INVENTORY

| | |
|-----------------|--|
| LOCATION | CWS →CLINICIAN MENU →CLIENT INVENTORY |
| PURPOSE | The purpose of this form is to capture information pertaining to client belongings at time of entry to program. Generally, this is a program level decision for residential treatment programs. |
| RULES | <ul style="list-style-type: none">• Each agency may use their program's form.• Scan document in "Personal Inventory" category• For directions on scanning see: Document Capture |
| STEPS | Select the client. <ol style="list-style-type: none">1. Enter the date the client inventory form was completed.2. Select if the inventory form was scanned.3. Enter the date the inventory form was scanned |

Client Inventory

Submit

Date completed T Y 1

Was the client inventory log scanned?
 Yes No 2

Date scanned T Y 3

PRN AUTHORITY LETTER

| | |
|-----------------|---|
| LOCATION | CWS → CLINICIAN MENU → PRN AUTHORITY LETTER |
| PURPOSE | This is a program-level physician order form. This form shall be completed by program physician when deemed appropriate to allow PRN of a medication(s). This form is generally used in residential treatment programs. |
| RULES | <ul style="list-style-type: none">• This form shall be completed by program physician.• Scan these questionnaires into the “PRN Orders” category.• For directions on scanning see: Document Capture |
| STEPS | <p>Select the client.</p> <ol style="list-style-type: none">1. Enter the date the PRN letter was completed.2. Select if the letter was scanned.3. Enter the date the letter was scanned |

The screenshot shows the 'PRN Authority Letter' form interface. The form is titled 'PRN Authority Letter' and has a 'Submit' button. The form contains three main sections:

- Date completed:** A date input field with a calendar icon, a 'T' button, a 'Y' button, and a dropdown arrow. A circled '1' is next to it.
- Was the letter scanned?:** A radio button selection with 'Yes' and 'No' options. A circled '2' is next to it.
- Date scanned:** A date input field with a calendar icon, a 'T' button, a 'Y' button, and a dropdown arrow. A circled '3' is next to it.

CENTRALLY STORED MEDICATION AND DESTRUCTION RECORD

| | |
|-----------------|--|
| LOCATION | CWS →CLINICIAN MENU →CENTRALLY STORED MEDICATION AND DESTRUCTION RECORD |
| PURPOSE | This form is used by programs who store medications |
| RULES | <ul style="list-style-type: none">• Scan these documents in the “Program Specific Documentation.”• For directions on scanning see: Document Capture |
| STEPS | <p>Select the client.</p> <ol style="list-style-type: none">1. Enter the date the log was completed.2. Select if the log was scanned.3. Enter the date the log was scanned |

The screenshot shows a software interface for the 'Centrally Stored Medication and Destruction Record'. The title bar includes a 'Chart' icon and a '+'. The main content area is divided into a left sidebar and a main form area. The sidebar contains a 'Submit' button and a grid of icons: a star, a document, a speech bubble, a red 'X', a person with a red 'X', and a yellow star. The main form area contains three fields, each with a green circle containing a number (1, 2, or 3) to the right. Field 1 is 'Date completed' with a date input field, a 'T' button, a 'Y' button, a dropdown arrow, and a green circle with '1'. Field 2 is 'Was the log scanned?' with radio buttons for 'Yes' and 'No', and a green circle with '2'. Field 3 is 'Date scanned' with a date input field, a 'T' button, a 'Y' button, a dropdown arrow, and a green circle with '3'.

RESOURCES

Information and updates are located on the following Monterey County Behavioral Health Quality Improvement website pages:

User Guides: <https://www.countyofmonterey.gov/government/departments-a-h/health/behavioral-health/quality-improvement/user-guides>

Substance Use Disorders (SUD): <https://www.countyofmonterey.gov/government/departments-a-h/health/behavioral-health/quality-improvement/contract-providers/substance-use-disorder-sud>

For questions or comments contact 415-SUD@countyofmonterey.gov

For password issues, please contact (831) 755-4545 from 8 AM to 5 PM Monday – Friday, excluding holidays.