Admission (Avatar)

The purpose of this desk reference is to provide guidance in how to open an admission to an Episode.

Menu Path

Avatar PM > Client Management > Episode Management or you can enter "Admission" under Search Forms

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Details

- The Admission form is used to admit clients into an episode.
- If the client is being admitted into a treatment program that is associated with CSI data, the CSI Admission form will open for submission. If a client is being admitted into a treatment program that is associated with Cal-OMS data, the Cal-OMS Admission will need to be completed.

Steps

Open the Admission form.

	Select Clier	it.	>
select Client			
Last Name	First Name	Sex	
Social Security #	Date of Birth		<u> </u>
	Assigned ID	Alias	
Search Clear V	/iew Client Picture		
	ID	Date Of Birth	
Score Name	10	Date Of Birth	Social Security N
Score Name	10	Date Of Birdt	Social Security N
Score Name			Social Security N
			Social Security N
Score Name			Social Security N

- Enter the Last Name, First Name, Sex, Social Security # and Date of Birth.
- Click on Search

	Select Client	×
Select Client		
Last Name	First Name	Sex
TESTCLIENT	TESTCLIENT	Unknown 👻
Social Security # 100-00-0000	Date of Birth 12/25/1974	
	Assigned ID	Alias
	Search Results	×
No match	nes found.	
Score 1	ок	Security N
l		
	S <u>e</u> lect <u>N</u> ew Client	Cancel

- ➢ If there is not a match in the system, then a No match found will appear. If there is a potential match the system will display all possible matches in the display area.
- > If the client is listed in the display area, then double click on it.
- > A list of all episodes that are currently open will display.

Adminuton +			
fpeesde	Adhirt Date	Dicharge Date	Propier
	#74U2017	87/83/2017	Tuended Point est
1	04/27/2017		2+HIGA FEP ERISCOL
0	10/04/2018		8P13006(1995A (0503) 80/P3820 6-30-2017
	80,04/2018	25/04/2018	Safe Harbor Crisis Huuse EXP282D6-30-17
	08/30/2014	06/30/20 18	Safe Harbor Cress House EX2010.04 - 30-17
7	08/11/2014	11/20/2218	0-TRUAKE EPIDODE
	01/20/2016	01/20/2018	John Huar Behavioral Heap (DPS-30-17
1	01/04/2014	02/03/2018	195A Woodard ExPERID 6-30-17
*	04/27/2018	63/23/2016	Turning Point ACT Davis ENTIRED 6-30-17
3	84/08/2018	67/29/3918	EP1000E HHEA (PSP) EXPERIED 6-30-2017
2	09/11/2012		2-BPTSODE ALCOHOL & DRUG
1	13/94/2011	12/94/2011	Familious Residential DP98ED 6-30-17
0	10/17/2008	a0/17/2008	Denta Vista Hisquital EXPERED6-30-17
9	88/13/2008	06/30/2014	2-ADO CDP Level II DO NOT USE-INACTIVE
	97/92/2008	05/14/2012	24PT300E ALCOHOL & DRUG
3	04/30/2008	04/07/2017	EPISODE HHIGA (PSP) EXPERED 6-30-3017
4	83/27/2008	06/30/2008	2-4D Srv Prop 36 (In Caunty) DONT USE -INACTTRE
5	03/04/2008	63/24/3008	2-199-84 AC DO NOT USE-BIACTOR
	03/04/2008	03/24/2008	2-AD Srv Prep 36 (Out-OF-County) DONT UT-BIACTIVE
1	81/27/2008	01/28/3008	2 499 (399 47 A 1) Val Behrwark DO HOT USE BLACTIVE
2	01/14/2008	03/34/2008	2-ADP Beamer StBiACTIVE
6	0.09/2008	03/24/2008	2-1994CA F91GA Weedland DO NOT USE -PLACTIVE
a	11/27/2017	63/24/2008	2 AD Alcohol OF Davis DON'T USE PARCTIVE
	0%/13/2007	03/24/2008	2 PREC OF EPIST PF Davis DO NOT USE INACTOR
	09/07/2007	63/24/2008	2 HINA TAY BRIDT WILL DO NOT USE INACTIVE
	04/27/2007	03/34/2008	2-199XGA IPEGA Davis DO NOT USE-INACTIVE
	09/20/2006	03/34/3008	Z 1994A W Sacto DO AOT USE BUACTIVE
	99/20/2006	03/24/2008	2 499-56 OP RUSEWOOD DIACTIVE
	98/91/2006	01/25/2908	2 4994/21A Safe Harbor Cross DO NOT USD @ukCTIVE
	96/97/2506	03/24/2908	2 - MMHA WIRLEDO NOT USE - INVACTIVE
	85/18/2006	03/24/2008	2-19HC Dave DO NOT USE-INACTIVE
	\$5/15/2003	03/24/2008	2 AD Srv Rep 36 On Caunty) DONT USE -BUACTIVE

- > Click on Add. The system will open to the data entry form
- > If there is no match, then click on New Client.

	Select Client	×
Select Client		
Last Name	First Name Sex	
TESTCLIENT	TESTCLIENT Unknown	•
Social Security #	Date of Birth	
100-00-0000	12/25/1974	
	Avatar 2016 - Client	×
	Auto Assign Next ID Number?	
🔍 <u>S</u> earch	Yes No	
Score Na		al Security N
	Select <u>N</u> ew Client <u>Cancel</u>	

- > The system will ask to assign the next ID number.
- ➢ Click Yes. The data entry form will appear.

A Home		Delete/Re-Assig
TESTCLIENT, YOLO (M, 50, 05/06/1967 Ht: 5' 11", Wt: 186 lbs,	MR	
Chart 🖉 Admission 🖗		
Admission Hospital Admissions Only Demographics	Episode Number 33	Admitting Practitioner
Client Demographics Inpatient/Partial/Day T	TESTCLIENT,YOLO	Attending Practitioner
Submit	Date Of Birth	
	Age 50 Preadmit/Admission Date	Team Assignment Practitioner Type
Online Documentation	Preadmit/Admission Time Current H M M AM/PM	Reflections Client # Social Security Number 000-00-0000
	Program	Perform Discharge Alert
	Type Of Admission	Type Of Alert
	Received Copy Of Client Rights Yes No	Disposition

- Record the MR # number on the admission packet.
- > The Client Name field displays the client name.
- ➤ If appropriate, in the Sex field select the client's sex.
- > If appropriate, in the Date of Birth field enter the client's date of birth.
- > The Age field displays the client age.
- In the Pre-admit/Admission Date field, enter the admission date. This data should be the date of initial contact.
- ▶ In the Pre-admit/Admission Time field, click on Current.
- > In the Program field, select the appropriate treatment program.
- In the Type Of Admission field, select the admission type (First Admission should be used for when the client is a new client or the client is coming back into our system of care within 30 days of a final discharge, readmission should be used when the client is an existing client).
- > In the Source Of Admission field, select the admission source.
- ➢ In the Received Copy of Client Rights, Select Yes or No

- In the Admitting Practitioner field, enter the practitioner name that the case will be assigned to or 19 for the generic HHSA practitioner, click Process Search to select. Click OK.
- In the Attending Practitioner field, enter the practitioner name that the case will be assigned to or 19 for the generic HHSA practitioner, click Process Search to select. Click OK. (Attending practitioners can be re-assigned to the client throughout the duration of the client episode. This field is disabled when a client episode is opened for editing.)
- Leave Team Assignment field blank, unless Turning Point FSP ACT/AOT episode, in which select the appropriate team.
- > In the Practitioner Type field, select the type of practitioner.
- ➤ Leave the Reflection Client # field blank.
- > In the Social Security Number field, enter the client's social security number.
- > No entry required for the Perform Discharge Alert field
- > No entry required for the Type Of Alert field
- > In the Disposition field, enter the disposition.

Y	
Presenting Problems-Primary 💡	Disabilities-2
▼	O None
Presenting Problems-Secondary	O Visual
	O Hearing Speech
Presenting Problems-Tertiary	O Mobility
	O Mental
	O Developmentally Disabled
Client's Living Arrangements House or apartment (includes trailers, hotels, dorms, barracks, etc.)	Other
	Disabilities-3
Disabilities-1	O None
Visual	O Visual
Hearing	O Hearing O Speech
◯ Speech	
O Mobility	Mental
O Mental	O Developmentally Disabled
O Developmentally Disabled O Other	Other
Other	Current Medications - 1
	Current Medications - 2
	Current Medications - 3
Advanced Directive	
O Yes O No	
Advanced Directive Note	
	T

- > In the Presenting Problem –Primary, Secondary and Tertiary fields, enter problems accordingly.
- > In the Client's Living Arrangements field, Select the appropriate living arrangement
- ➢ In the Disabilities-1 field, Select disabilities
- ▶ No entry is required for Current Medication -1,-2,-3 fields
- ➢ For the Advanced Directive field, Select Yes or No



Select Demographics on the left hand side tab

Home 1 Yolo T					Delete/Re-Assig		
TESTCLIENT,YOLO ((M, 50, 05/06/1967 Ht: 5' 11", Wt: 186 lbs,							
Chart Admission a							
Admission Hospital Admissions Only Demographics Client Demographics Inpatient/Partial/Day T	Client Demographics Client Last Name TESTCLIENT Client First Name YOLO	Client's Middle Initial		Suffix Sr IV Prefix	Jr V	II VI	
Submit	Remarks TEST REMARKS		^ D*	Alias Alias 2			
Online Documentation				Alias 3 Alias 4			
			*				

Please turn your CAPS LOCK ON.

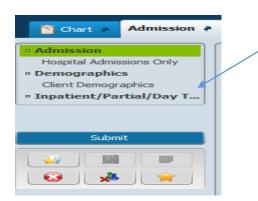
- In Client Last Name field, enter the last name of the client (this should match to the Medi-Cal Swipe if there is one).
- In Client First Name field, enter the first name of the client (this should match to the Medi-Cal Swipe if there is one).
- > In Client Middle Initial field, enter the initial of the client
- > In the Suffix field, select the appropriate suffix if applicable.
- > In the Prefix field, select the appropriate prefix if applicable.
- In the Alias field, enter any alias names the client had used. This is where you would enter the name provided, if it doesn't match Medi-Cal swipe.
- > In the Remarks field, enter any remarks if applicable.

▼				
Client's Billing Address - Street 137 N COTTONWOOD		Client's Home Phone	530-555-5555	
Client's Billing Address - Street 2		Client's Work Phone		
		Client's Cell Phone	530-666-6666	
Client's Billing Address - Zipcode 95695	Client's Billing Address - City Woodland	Client's Email Address		
Client's Billing Address - State	Client's Billing Address - County 🔻	Communication Pref Email Overk Phone	erence Regular Mail Cell Phone	O Home Phone
Physical Address-Street (if different th	han billing address)			
Physical Address-City (if different tha	n billing address)			

- > In the Client's Billing Address- Street field, enter the client billing street name.
- ➤ In the Client's Billing Address- Street 2 field, enter the client billing apartment number.
- > In the Client's Billing Address- Zip code, enter the client billing Zip code.
- > The System will auto generate, the City, State and County fields.
- In the Client's Home Phone/Work Phone/Cell Phone fields, enter the client phone number details.
- > In the Client's Email Address field, enter the client's email address if available.
- > In the Communication Preference field, select the appropriate preference.
- ➤ In the Physical Address-Street and City fields, enter the client's physical address if different from the billing address.

Client Declined To Provide Information On The Following Marital Status Ethnic Origin Race Primary Language English Client Race White Ethnic Origin Not Hispanic Religion Baptist Place Of Birth WOODLAND	
Primary Language English Education Client Race White 12 Years Ethnic Origin Not Hispanic Employment Status Religion Baptist Occupation Place Of Birth Never Employed Image: Client Race	
Primary Language Ligenin Client Race White Ethnic Origin Not Hispanic Religion Baptist Place Of Birth WOODLAND	
Client Race White Employment Status Ethnic Origin Not Hispanic Not In Labor Force - Other ▼ Religion Baptist Occupation Place Of Birth Nover Employed	
Ethnic Origin Not Hispanic Not In Labor Force - Other ▼ Religion Baptist Occupation Viace Of Birth Never Employed ▼ WOODLAND Smoker	
Religion Baptist Cocupation Never Employed Cocupation Never Employed Cocupation Never Employed Cocupation	
lace Of Birth VOODLAND Smoker	
Never Employed Vace Of Birth WOODLAND Smoker	
VOODLAND Smoker	
VOODLAND	
Country Of Origin United States Country Of Origin	
Aaiden Name	
Mother's Maiden Name	

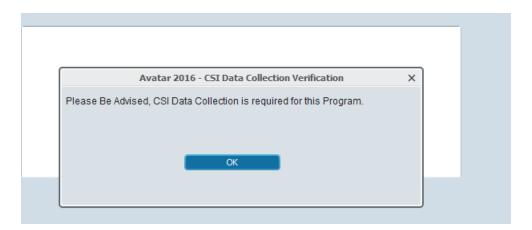
- In the Primary Language field, select the appropriate language. If the client declined to provide information, then check the box under Client Declined to Provide Information On the Following field.
- ➤ In the Client Race field, select the appropriate race. If the client declined to provide information, then check the box under Client Declined to Provide Information On the Following field.
- In the Ethnic Origin field, select the appropriate ethnicity. If the client declined to provide information, then check the box under Client Declined to Provide Information On the Following field
- > In the Religion field, select the appropriate religion.
- ➢ In the Place of Birth field, enter City, State, if born outside of the United States enter equivalent information.
- > In the Country of Origin, select the appropriate country.
- If the client has been identified as a female, the Maiden name field will be available for input. Enter the client's maiden name (Birth Name). If the client is a Male, this field will be greyed out and not available.
- In the Mother's Maiden Name field, enter the mother's last name prior to marriage (Birth Name).
- > Complete the Marital, Education, Employment Status and Occupation fields.
- ➢ In the Smoking Status Assessment Date field, enter the date the intake packet was completed and signed.
- > For Inpatient or Day Treatment Facilities, click on the Inpatient/Partial/Day Treatment tab



Unit	Daily Charge Code	
Room	Partial Hospitalization Days	All Days
Bed		All Week Days
Licensed/Unlicensed		Monday 🗸
Room And Board Billing Code		-
Admission Charge Code		
	Partial Hospital Billing Code	
	Bed	Bed Licensed/Unlicensed Room And Board Billing Code Partial Hospitalization Effective Date TY

- ➤ In the Unit field, select an available unit
- ➢ In the Room field, select an available room
- ➢ In the Bed field, select an available bed
- ➤ In the Room and Board Billing Code, select the appropriate billing code
- \succ The remaining fields are not used.
- > When the admission data entry is complete, click SUBMIT.

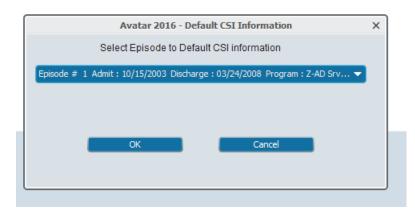
CSI Admission



- An information box will appear informing of a CSI Data Collection, if the episode is a CSI reportable admission.
- ➢ Click OK
- > If there is exiting CSI data in another episode, the system allows you to default data in.

Opening	
Avatar 2016 - CSI Data Collection	×
Would you like to default CSI information from a previously entered Mental Health episode?	

> Select Yes for defaulting data into the new episode or No to start a new admission.



If Yes is selected, then the system will provide a list of episodes that can be defaulted in. Select the required episode information and click on OK.

A Home Yolo T		Delete/Re-Assig
TESTCLIENT,YOLO (M, 50, 05/06/1967 Ht: 5' 11", Wt: 186 lbs		
CSI Admission	Bith Name (Last)	CSI Ethnicity
Submit	Birth Name (First) Birth Name (Middle) Year Or Month/Year Of Birth 05/1967 Birth Name (Suffix) Sr Jr III IV V VI Mother's First Name	Not Hispanic or Latino Unknown / Not Reported Hispanic or Latino Special Population Assisted Outpatient Treatment service(s) (AB 1421) (AB 3632) Individualized education plan (IEP) required service(s) Governor's Homeless Initiative (GHI) service(s) No special population service(s) Welfare-to-work plan specified service(s) Ueffare-to-work plan specified service(s) District County Code Emergency Flanned (Pror Authorization) Unknown/Not Reported
Online Documentation	Fiscally Responsible County For Client Fiscally Responsible County For Client Flace of Birth - County Place of Birth - State Place of Birth - Country	

- If default was selected, then the fields would be auto populated with previous information. The information in the CSI admission should be verified and updated accordingly.
- For New CSI Admissions, in the 'Birth Name' fields, enter the client's name given at birth. Note, this may be different from the current name.
- > In the Mother's First Name field, enter the mother's information.
- ➤ In the Fiscally Responsible County for Client field, select the county that is fiscally responsible for the client. This can be obtained from the Medi-Cal swipe.
- In the 'Place of Birth' County field, select the client's birthplace county. If the client was born outside of the state of California, select Not California County, if the client declines to provide this information, enter Unknown County.

- In the 'Place of Birth' State field, select the client's birthplace state. If the client was born outside of the US, select Not US State, if the client declines to provide this information, enter Unknown State.
- In the 'Place of Birth' Country fields, select the client's birthplace country, if the client declines to provide this information, enter Unknown County
- > In the CSI Ethnicity field, select the client's ethnicity.
- > In the Special Population field, select the client's special population information.
- ➤ In the Legal Class field, select the client's legal class.
- ➤ In the County School field, select the county school.
- ➤ In the District County Code and District/Site code fields, select the county and site.
- ➤ In the Admission Necessity Code field, select the admission necessity.



- ➢ In the Substance Abuse Affecting Mental Health, Are Developmental Disabilities Affecting Mental Health and Are Physical Health Disorders Affecting Mental Health fields, select how the client conditions affect their mental health.
- > In the Conservatorship/Court Status field, select the client status.
- ➤ In the Preferred Language field, select the client's language.
- ➤ In the Race (Select Up to Five) field, select the client's race.
- ➤ In the 'Number of children less than 18 years of age' field, enter the number of children.
- In the 'Number of dependent adults 18 years of age and above' field, enter the number of defendants.

≻ Click Submit.

If the CSI needs to be updated within the episode at a later date or has been missed. Select menu path Avatar PM>Client Management>Client Information>CSI Admissions.