

## *Yolo County SUD Summary Form*

The purpose of this desk reference is to provide guidance on completing the SUD Summary Form in Avatar for the purpose of meeting State reporting requirements.

### SUD Summary Form

#### Menu Path

Avatar PM > Access > Yolo County SUD Summary OR you can enter “SUD Summary” within Search Forms OR launch it from the Pre Admit Discharge Screen.

| Name                                     | Menu Path   |
|--|---|
| SUD Episode Admissions Report            | Avatar PM / Reports / Episode/Client Management Reports   |
| Services (SUD) Delivered Report          | Avatar PM / Reports                                       |
| <b>Yolo County SUD Summary</b>           | <b>Avatar CWS / Assessments / Yolo County Assessments</b> |
| SUD LOC Assessment Summary Status Report | Avatar CWS / Reports / Supervisory Reports                |
| Turning Point SUD Episode Admissions     | Avatar CWS / Reports / Turning Point                      |
| Client Epi/Diagnosis History Rpt (SUD)   | Avatar CWS / Reports                                      |

<= Previous 25      1 through 6 of 6      Next 25 =>

#### Details

- The SUD Summary Form in Avatar is for data entry only. The full SUD assessment is completed outside of Avatar and this is a methodology to collect the data to submit to the State.

## Updates for Re-assessments and Discharges

For SUD Summary Form Updates, to include re-assessments and discharges, you may open the applicable episode then navigate to the left-hand column of the AVATAR screen and click on Yolo County SUD Summary. Make sure you've selected the correct episode Tab, then hit Add (located on the right-hand corner of the screen).



# Steps

TESTCLIENT,YOLO (000011136)  
M, 52, 05/06/67  
Ht: 5' 11", Wt: 182 lbs, BMI: 25.4

Ep: 50 : Access Log  
Problem P: -  
DX P: -

Chart Yolo County SUD Summary

SUD Summary

Submit

Completed Date: 08/15/2019 [T] [Y] [Calendar]

Completed By: LEINO,AMY (000236)

Select organization user belongs to:

- Baymark
- Community Recovery
- Progress House
- Turning Point
- Yolo Wayfarer Center
- Communicare
- Heritage Oaks
- CORE
- Yolo County HHSA

Type of Screen Assessment:

- Brief Initial Screen
- Follow-Up Assessment
- Unable to Complete
- Initial Assessment
- Discharge

Minutes Spent Conducting the SUD Summary: 45

Remarks: testing

1. In the field **Completed Date**, enter the date that the SUD screening was completed.

### Heads Up!

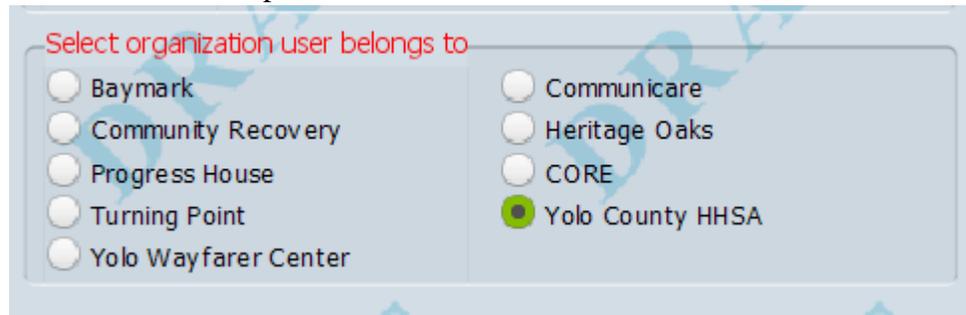
- Click on T enters today's date, clicking on Y enters Yesterday's date.

2. In the **Completed by field**, enter the practitioner's name who completed the SUD ASSESSMENT. (Last Name, First Name)

Completed Date: 08/15/2019 [T] [Y] [Calendar]

Completed By: LEINO,AMY (000236)

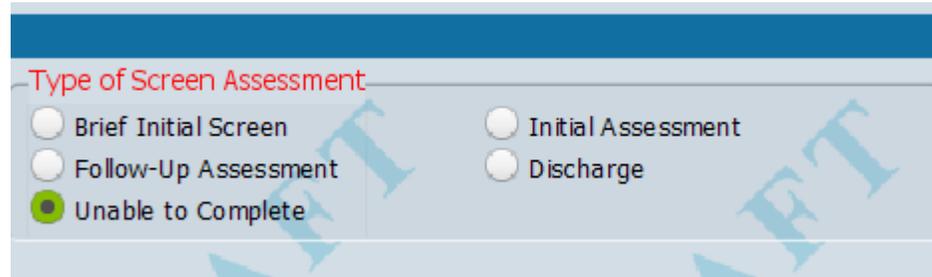
3. In the **Select organization user belongs to** field, select the organization that completed the SUD ASSESSMENT. (IMPORTANT: This field is the organization with whom the practitioner in the above item #2 is affiliated with).



Select organization user belongs to

- Baymark
- Community Recovery
- Progress House
- Turning Point
- Yolo Wayfarer Center
- Communicare
- Heritage Oaks
- CORE
- Yolo County HHSA

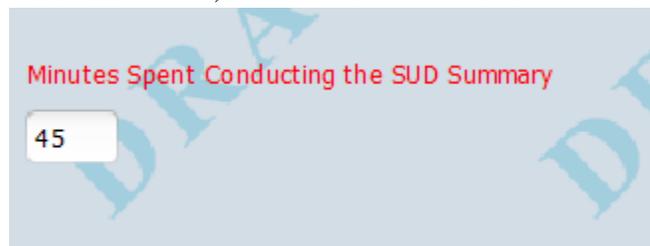
4. In the **Type of Screen Assessment** field, select if the SUD ASSESSMENT is either a Brief Initial Screen, Initial Assessment, Follow-Up Assessment, Discharge, or Unable to Complete (this is a mandatory field which is a data submission requirement to DHCS).
- Brief Initial Screen – to be completed by Access Staff.
  - Initial Assessment – to be completed by SUD Providers upon successful linkage and referral.
  - Follow-up Assessment – to be completed by SUD Providers for re-assessments.
  - Discharge – to be completed by SUD Providers for discharges.
  - Unable to Complete – to be completed when unable to fully complete a SUD Summary Form due to client dropping out or unable to complete with staff.



Type of Screen Assessment

- Brief Initial Screen
- Follow-Up Assessment
- Unable to Complete
- Initial Assessment
- Discharge

5. In the **Enter the Number of Minutes Spent Conducting the SUD ASSESSMENT**, enter the number of minutes that it took to conduct the actual SUD ASSESSMENT, not the entry into Avatar.



Minutes Spent Conducting the SUD Summary

6. Fields **1 through 6**, should be copied across from the SUD Assessment screening that was completed.

|   |                         |                         |                         |                         |
|---|-------------------------|-------------------------|-------------------------|-------------------------|
| ▼   |                         |                         |                         |                         |
| 1. Acute Intoxication and/or Withdrawal Potential                       |                         |                         |                         |                         |
| <input type="radio"/> 0   | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 2. Biomedical Conditions and Complications                              |                         |                         |                         |                         |
| <input type="radio"/> 0   | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 3. Emotional Behavioral or Cognitive (EBC) Conditions and Complications |                         |                         |                         |                         |
| <input type="radio"/> 0   | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| ▼   |                         |                         |                         |                         |
| 4. Readiness to Change  |                         |                         |                         |                         |
| <input type="radio"/> 0   | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 5. Relapse, Continued Use or Continued Problem Potential                |                         |                         |                         |                         |
| <input type="radio"/> 0   | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 6. Recovery Environment   |                         |                         |                         |                         |
| <input type="radio"/> 0   | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| ASAM Level Recommended  |                         | ASAM Level Referred To  |                         |                         |

### Heads Up!

- Below is the definition of the scoring. This can also be found by clicking on the light bulb 

0 Fully functioning, no signs of intoxication or withdrawal present.

1 Mild to moderate intoxication interferes with daily functioning, but does not pose a danger to self or others. Minimal risk of severe withdrawal.

2 Intoxication may be severe, but responds to support; not posing a danger to self or others. Moderate risk of severe withdrawal.

3- Severe s/s of Intoxication indicates an imminent danger to self or others. Risk of severe but manageable withdrawal; or withdrawal is worsening.

4 Incapacitated, with severe signs and symptoms. Severe withdrawal presents danger, as of seizures. Continued use poses an imminent threat to life (e.g., liver failure, GI bleed, or fetal death).

7. In the **SUD LOC Level Recommended** field, select all levels of services that the client can be referred to.

8. In the **SUD LOC Referred to** field, select all levels of services that the client agreed to and is being referred to.

| SUD LOC Level Recommended   | SUD LOC Referred To   |
|---|---|
| <input type="checkbox"/> Early Intervention Level .5                    | <input type="checkbox"/> Early Intervention Level .5                    |
| <input type="checkbox"/> Intensive Outpatient Services Level 2.1        | <input type="checkbox"/> Intensive Outpatient Services Level 2.1        |
| <input type="checkbox"/> Medically Managed Intensive Inpatient Services | <input type="checkbox"/> Medically Managed Intensive Inpatient Services |
| <input checked="" type="checkbox"/> Medication Assisted Treatment MAT   | <input type="checkbox"/> Medication Assisted Treatment MAT              |
| <input type="checkbox"/> No Level of Care Indicated                     | <input type="checkbox"/> No Referral Made                               |
| <input type="checkbox"/> Opioid Treatment Program OTP                   | <input checked="" type="checkbox"/> Opioid Treatment Program OTP        |
| <input type="checkbox"/> Outpatient Services Level 1                    | <input type="checkbox"/> Outpatient Services Level 1                    |
| <input type="checkbox"/> Partial Hospitalization Services 2.5           | <input type="checkbox"/> Partial Hospitalization Services 2.5           |
| <input checked="" type="checkbox"/> Residential Level 3.1               | <input type="checkbox"/> Residential Level 3.1                          |
| <input type="checkbox"/> Residential Level 3.2WM                        | <input type="checkbox"/> Residential Level 3.2WM                        |
| <input type="checkbox"/> Residential Level 3.3                          | <input type="checkbox"/> Residential Level 3.3                          |
| <input type="checkbox"/> Residential Level 3.5                          | <input type="checkbox"/> Residential Level 3.5                          |
| <input type="checkbox"/> Residential Level 3.7                          | <input type="checkbox"/> Residential Level 3.7                          |

9. In the **SUD Reason for LOC Difference** field, select the reason as to why there is a difference between the **SUD Level Recommend** field and the **SUD Level Referred to** field. If there is a different in the LOC of Care Recommended to LOC of Care Referred, please include details in the Text Box Field for **“Other Reason for LOC Difference”**.

|   |  |
|---|--|
| <p>Reason for SUD LOC Difference</p> <ul style="list-style-type: none"> <li><input type="radio"/> Language</li> <li><input type="radio"/> Used two residential stays in a year</li> <li><input type="radio"/> Other</li> <li><input type="radio"/> Not applicable - no difference</li> <li><input type="radio"/> Clinical Judgement</li> <li><input type="radio"/> Lack of insurance/payment source</li> <li><input type="radio"/> Legal Issues</li> <li><input type="radio"/> Level of Care Not Available</li> <li><input type="radio"/> Managed care refusal</li> <li><input checked="" type="radio"/> Patient preference</li> <li><input type="radio"/> Geographic Accessibility</li> <li><input type="radio"/> Family Responsibility</li> </ul> | <p>Reason for SUD LOC Delayed Admission</p> <ul style="list-style-type: none"> <li><input type="radio"/> Waiting for level of care availability</li> <li><input type="radio"/> Waiting for language-specific services</li> <li><input type="radio"/> Waiting for other special popn-specific svcs</li> <li><input type="radio"/> Hospitalized</li> <li><input type="radio"/> Incarcerated</li> <li><input type="radio"/> Patient preference</li> <li><input type="radio"/> Waiting for ADA accomodation</li> <li><input checked="" type="radio"/> Other</li> </ul> |
| <p>Other Reason for LOC Difference</p> <input type="text" value="Testing"/>   | <p>Other Reason for Delayed Admission</p> <input type="text"/>   |
| <p>Document Status</p> <p><input checked="" type="radio"/> Draft <input type="radio"/> Final</p>  |  |
| <p>Level 1 Outpatient treatment typically has a risk rating of "0" or "1" in all Dimensions.</p> <p>Level 2 Intensive Outpatient typically has a "0" or "1" in Dimensions 1 and 2; "1" or "2" in Dimension 3; "3" or "4" in Dimensions 4,5,6.</p> <p>Level 2 Partial Hospitalization typically has a "1" or "0" in Dimension 1; "2" or "3" in Dimension 3; and one "3" or "4" in Dimensions 4, 5, 6.</p> <p>Level 3 Residential treatment typically has a "3" or "4" in Dimension 1, 2 or 3; an additional "3" or "4" in Dimensions 1-6. Dimension 1 of "3" or "4" within past 2 weeks.</p>   |  |

10. In the **SUD Reason for Delayed Admission** field, select the reason of why there is a delay in admission. Please include details in the text box field “**Other Reason for Delayed Admission**” for the reason for delay in admission if applicable.

Reason for SUD LOC Difference

- Language
- Used two residential stays in a year
- Other
- Not applicable - no difference
- Clinical Judgement
- Lack of insurance/payment source
- Legal Issues
- Level of Care Not Available
- Managed care refusal
- Patient preference
- Geographic Accessibility
- Family Responsibility

Reason for SUD LOC Delayed Admission

- Waiting for level of care availability
- Waiting for language-specific services
- Waiting for other special popn-specific svcs
- Hospitalized
- Incarcerated
- Patient preference
- Waiting for ADA accomodation
- Other

Other Reason for LOC Difference  
Testing

Other Reason for Delayed Admission

Document Status

Draft  Final

Level 1 Outpatient treatment typically has a risk rating of "0" or "1" in all Dimensions.

Level 2 Intensive Outpatient typically has a "0" or "1" in Dimensions 1 and 2; "1" or "2" in Dimension 3; "3" or "4" in Dimensions 4,5,6.

Level 2 Partial Hospitalization typically has a "1" or "0" in Dimension 1; "2" or "3" in Dimension 3; and one "3" or "4" in Dimensions 4, 5, 6.

Level 3 Residential treatment typically has a "3" or "4" in Dimension 1, 2 or 3; an additional "3" or "4" in Dimensions 1-6. Dimension 1 of "3" or "4" within past 2 weeks.

11. The Document Status field automatically defaults to Draft. If the SUD SUMMARY is complete, then select Final to lock it into the system. Once final, no further changes can be made.

Document Status

Draft  Final

12. To submit the form, select Submit on the left hand side

