# *Other Practitioner Assignment (Form # PM15)*

The purpose of this desk reference is to provide guidance on how to complete the Other Practitioner Assignment form to be able to capture practitioners assigned to a client's case e.g., for ICC Point of Contact

## Menu Path

Two ways to access the form:

1) Follow this path: Avatar PM → Client Management → Client Information → Assign/Reassign Practitioners →Other Practitioner Assignment
2) Or, enter "Other Practitioner Assignment" within in the Search Forms field
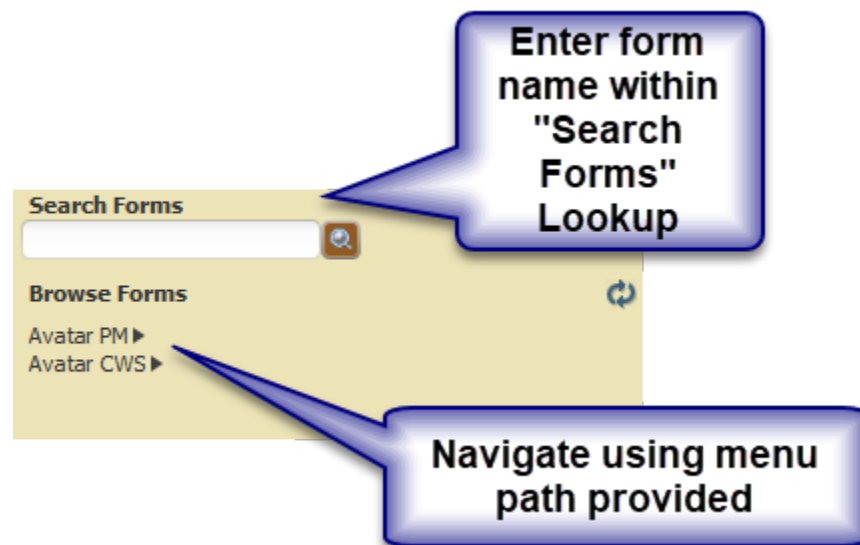


## Details

- This form is driven by the Date of Assignment. A new entry should be completed for each Date of Assignment provided.
- This form is Episodic i.e., is filed under a specific admission episode.

- All fields highlighted "Red" are required; the form cannot be submitted until completed.
- Some fields may become required if there are conditions that are met.
- All non-required fields should be reviewed and completed when applicable.

## Form Design

➢ This is a screenshot of the form for user reference. **Each number listed on the screenshot below corresponds to the step number listed in the next section.**

## Steps

➢ Navigate to the form.

Some forms may require a selection of additional parameters such as client information, staff information, episode etc. prior to the form opening. Please select any applicable information.

Examples:



1. Select the desired episode and click Add to bring up the form.



2. In the "Date of Assignment" field, Enter the Date the practitioner was assigned. The date must be a valid date in a MMDDYYYY or MMDDYY format.

3. In the "End Date of Assignment" field, Enter the Date the practitioner was assigned. The date must be a valid date in a MMDDYYYY or MMDDYY format.

4. In the "Staff Type" field, Select a single value from the available choices.

5. In the "Is this an ICC Point of Contact" field, Select a single value from the available choices.

6. In the "If Practitioner has an existing Practitioner ID select Practitioner otherwise complete External Practitioner Name/ICC Point of Contact Field" field, Follow the instructions provided.

7. In the "Practitioner Name/ICC Point of Contact Name" field, Search for the staff member. The search must be a valid Practitioner ID Name or Number.

8. In the "External Practitioner Name/ICC Point of Contact Name" field, Enter the name of the practitioner. It must be a valid name format of LAST Name,FIRST Name.

9. In the "Practitioner Classification" field, Select from the list of Practitioner Classifications.

10. In the "Job Title" field, Enter the Job Title. Please note, this field only allows a 80 Character maximum.

11. In the "Agency Name" field, Enter the name of the Agency.

12. In the "Agency Phone Number" field, Enter the Agency Contact Phone Number. The Phone Number must be numerical and in the format xxx-xxx-xxxx.

13. In the "ICC Point of Contact Number" field, Enter the Agency Contact Phone Number. The Phone Number must be numerical and in the format xxx-xxx-xxxx.

14. To submit the form, click on the submit button.

 NOTE: When submitted, a report will generate that the user may then provide to the client.