

Admission, Discharge, Update Client Data and Associated Forms

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Santa Cruz Avatar

Introduction

The forms described in this document are for inputting demographic data that is required by the state of California.

Although not all questions in these forms are red/required, you should do your very best to answer *all* questions. Many questions required for state data collection are not red/required because, depending on circumstances, you may not be able to obtain the information at the time.

For example, if client is symptomatic or uncooperative you may only be able to answer a few questions on the Admission form. If you are not able to gather all of the data at admission, work with the client to get the information into Avatar as soon as possible. Input new data using the Update Client Data form and CSI Information form.

Once the Admission and CSI Admission forms are complete, client information can be updated using the Update Client Data and CSI Information forms at any time.

When to Update Client Data

When Are Updates Done?

Client information can and should be updated on an as needed basis. When the information changes, any user can update the data. This is especially important with addresses and phone numbers.

Annual Client Data Updates

The primary clinician for each client is responsible for checking client demographic data at least annually and updating if needed.

See the section, "[How Can I Tell If Client Information Needs Updating?](#)," for more information.

Admission Form

Search for the Client

1. **Open the Admission form.** Go to your **Forms & Data Widget** and search for the **Admission form**. Type "admission" into the Search Forms field. Double click on the form when it appears on the list. Note that you want to select "**Admission.**" There are other forms with similar names that you do not want to choose.

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The screenshot shows a search interface with a search bar containing the text 'admission'. Below the search bar is a table with two columns: 'Name' and 'Menu Path'. The table contains four rows of results. The first row is highlighted in green.

Name	Menu Path
Admission	Avatar PM / Client Management / Episode Management
CSI Admission	Avatar PM / Client Management / Client Information
Detail of Admissions by Program	Avatar PM / Client Management / Census Management Reports
ERS Program Statistics Admissions Report	Avatar PM / Executive Reporting System

At the bottom of the search results, there are navigation buttons: '<= Previous 25', '1 through 4 of 4', and 'Next 25 =>'.

A **Select Client Window** will pop up. Before Avatar will open the Admission form for you, you will need to search for the client. This is because you want to see if the client is already in the system before admitting the client.

You do not want to create a duplicate client. If you create a duplicate client, this client will have to be deleted and all of the information you add to this duplicate chart will have to be deleted and reentered into the correct chart.

The screenshot shows a 'Select Client' window. It has a title bar with a close button. Below the title bar is a search bar with a magnifying glass icon and a 'Search' button. There are also 'Clear' and 'View Client Picture' buttons. The search fields are: Last Name, First Name, Sex (dropdown), Social Security #, and Date of Birth (calendar icon). Below the search fields is a table with three columns: Score, Name, and ID. The table is currently empty. At the bottom of the window are three buttons: 'Select', 'New Client', and 'Cancel'.

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2. **Enter client data into the Select Client popup.** You must type in at least three pieces of information in order to search for the client. For example, Last Name, First Name and Date of Birth. Once three pieces of information are entered, the Search button will activate.

The screenshot shows the 'Select Client' popup window. It features a search form with the following fields: Last Name (PORCHER), First Name (JOOLS), Sex (Unknown), Social Security # (---), and Date of Birth. A red arrow points to the 'Search' button. Below the form is an empty table with columns for Score, Name, and ID. At the bottom of the window are buttons for 'Select', 'New Client', and 'Cancel'.

3. **Click Search.**

If there are matches to your search, names will appear and you can either double click on a name to select a client, or click on the name, then click the Select button.

4. **No Matches Found:** If there are no clients that match your search criteria, you will see a pop up that says, "No matches found." **Click "OK"** in the pop-up.

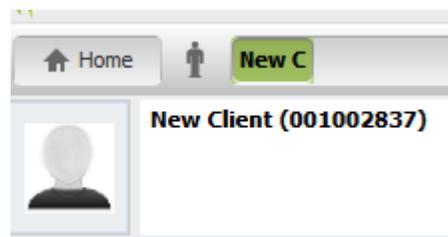


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5. **New Client:** If no client matching your search parameters is found, the "New Client" button at the bottom of the Select Client window will become enabled. Click "New Client," on the Search Client window, to launch the Admission form.

The screenshot shows a 'Select Client' window with the following fields: Last Name (PORCHER), First Name (JOOLS), Sex (Unknown), Social Security #, and Date of Birth. Below the fields are buttons for Search, Clear, and View Client Picture. At the bottom, there is a table with columns Score, Name, and ID. Below the table are buttons for Select, New Client, and Cancel. A red arrow points to the 'New Client' button.

6. Avatar will ask if you want **Auto Assign Next ID Number**. Click **Yes**. Avatar will now open the Admission form. If you look at the top of the admission form, you will see the client's number.



Complete the Admission Form

Once the Admission form is opened, start filling out the form. Remember, you will not be able to submit (save and finalize) the form unless the red/required questions are answered.

The Admission form has two tabs, Admission and Demographics.

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Admission tab

Sub Section: Identification and Treatment Information

The screenshot shows the 'Identification and Treatment Information' section of the Avatar Admission form. It contains the following fields and options:

- Episode Number:** 1
- Client Name:** MONEY, HOT ROD MC
- Gender:** Radio buttons for Female, Male (selected), Other, and Unknown.
- Date Of Birth:** 01/01/1988 (with T and Y buttons)
- Age:** 29
- Preadmit/Admission Date:** 06/20/2017 (with T and Y buttons)
- Preadmit/Admission Time:** 12:00 AM (with a 'Current' button)
- Epic Client ID:** (empty field)
- Social Security Number:** 999-99-9999
- Program:** CLIENT REGISTRATION AND FINANCIAL (dropdown menu)
- Is this a Transition in Care?:** Radio buttons for Yes and No (No is selected).
- Type Of Admission:** (dropdown menu)
- Source Of Admission:** (dropdown menu)
- Initial Point of Contact:** (text input field)
- Lead Provider:** (text input field)
- Perform Discharge Alert:** Radio buttons for Yes and No (No is selected).
- Type Of Alert:** (dropdown menu)

1. **Client Name** will be auto populated from the Search Client window.

2. **Gender** will be auto populated from the Search Client window if you used this parameter to search for the client. Otherwise, enter this information.

The close-up shows the 'Gender' field with radio buttons for Female, Male, Other, and Unknown. Below these, there are two additional options: 'Transgender (F to M)' (which is selected) and 'Transgender (M to F)'.

"Other" = intersex, gender

fluid, etc. "Unknown" = unknown gender. Do not confuse this question with the question in the Demographics tab that asks about sexual orientation. Gender Identity and Sexual Orientation are different.

3. **Date of Birth:** Although not a required question, do your very best to gather this information. This will help identify the client and prevent duplicate charts.

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4. **Preadmit/Admission Date:** Enter the date the client was admitted to the program. Do not enter "today" unless the admission date is today. If services were provided already to the client, anything done before the admission date you enter will not be billable. The admission date should be on or before the first date of services.
5. **Preadmit/Admission Time:** Unless your program has a special need to note the exact time of admission, the easiest way to make sure your services are covered with regard to the time, is to enter the diagnosis time as 12:00 am. (TIP: Type "0000" and press enter.)
6. **Epic Client ID:** Enter if known. Epic is the software program used by the county health clinics.
7. **Social Security Number:** Although not a required question, do your very best to gather this information. This will help identify the client and ensure the chart is not a duplicate.
8. **Program:** Enter the name of the program to which you want to admit the client. Remember, for a brand-new client, the very first episode is going to be **CLIENT REGISTRATION & FINANCIAL**. Once Client Registration & Financial is opened, then you may open the client to your program or "LE."
9. **Is this a Transition in Care? Skip this question for now.** This question is intended to denote whether this is an incoming referral from an eligible provider. The question is associated with meaningful use measures. We currently do not have a workflow for this question, but we may use it in the future.
10. **Type of Admission:** If this is the first time the client has ever been admitted to the program, enter "First Admission." All subsequent admissions are entered as "Re-Admission." Do not use Pre-Admission. If you want to open the client to County – Pre Admit Outpatient, admit the client to this program.
11. **Source Of Admission:** Although not red/required by Avatar, this item is required for CSI data collection. Do your very best to answer this question if at all possible.
12. **Initial Point of Contact:** If you are the Initial Point of Contact, **enter your ID** here by typing in your last name and pressing Enter. Then double click on your name. Typically, the Initial Point of Contact is the first **clinical staff person** encountering the client. Ask your supervisor about whose name should be in this field.
13. **Lead Provider:** This is the person who will eventually be working with the client and the main contact person. Enter this information if you know who this person is. If you do not know who this person is, then leave the question blank. Avatar will only allow Licensed/Waivered/Registered users to be entered into this field.

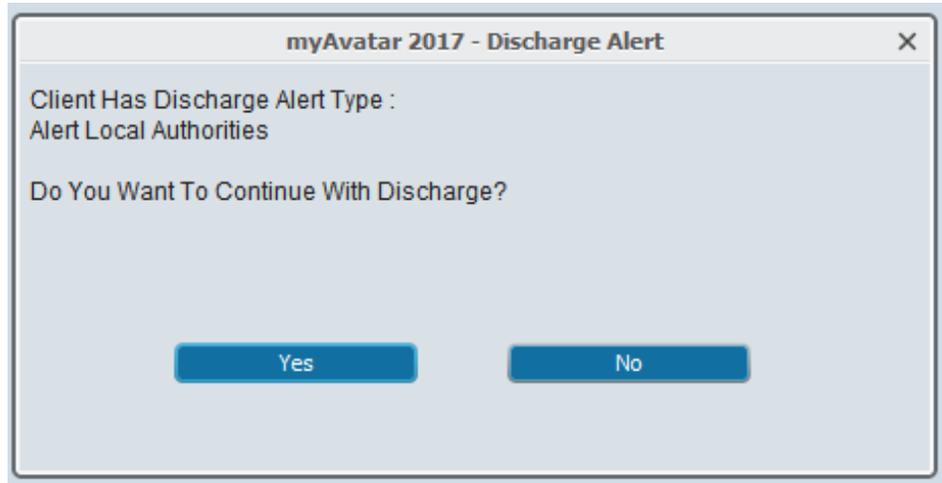
14. Perform Discharge

Alert: If you click "Yes" for this question, and then select a "Type Of Alert," when someone completes the Discharge form, an alert will pop up with one of the four available messages.

The screenshot shows a form section titled "Perform Discharge Alert". On the left, there are two radio buttons: "Yes" (which is selected, indicated by a green dot) and "No". To the right of these buttons is a dropdown menu labeled "Type Of Alert" in red text. The dropdown menu is open, showing four options: "Alert Local Authorities", "Alert Parent/Guardian", "Arson Risk", and "Legal Hold".

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At right is an example of what one of these Discharge Alert messages looks like.



Admission tab (Continued)

Sub Section: Living Arrangements/Disabilities

1. **Client's Living Arrangements:** Enter where the client was most recently living. If unsure, enter the selection that best answers the question, "Where did the client stay last night?"
2. **Disabilities – 1,2,3:** Enter up to three disabilities. If none, select "None."

Admission tab (Continued)

Sub Section: Compliance Indicators

1. **Received Copy Of Client Rights:** Enter whether or not you provided this information to client.
2. **Advanced Directive:** Enter whether or not you provided the client with Advanced Directive information. If needed, enter a comment in the question, "Advanced Directive Note."
3. **Optional Comments:** Enter any information that might be relevant to filling out the admission. For example, if client was impaired or otherwise unable to participate in the admission interview, you can note that information here.

Admission tab (Continued)

Sub Section: Team Assignment

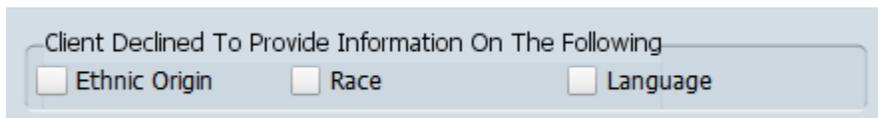
If Assigned Teams are used in Avatar, enter the team here.

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Demographics tab

Many of these questions are required for California State Reporting. **This section is not optional.** The questions have been left as not red/required, only because there are times when, due to client status, level of cooperation, etc....you may not be able to obtain this information. Answer as many questions as you can.

Questions about Language, Race and Ethnicity are required by California State Reporting. If you are not able to gather this information, at least answer the question, "Client Declined To Provide Information On The Following."

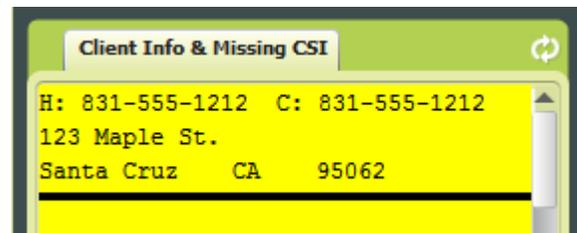


Client Declined To Provide Information On The Following

Ethnic Origin Race Language

Below is information about a selection of other items on this tab. Many questions are self-explanatory and are not covered here.

Client's Preferred Phone: Enter the phone that the client most prefers to use here, whether it is cell phone, work phone or home phone. This phone number will appear that will appear in the Client Info & Missing CSI Widget for easy reference.



Client Info & Missing CSI

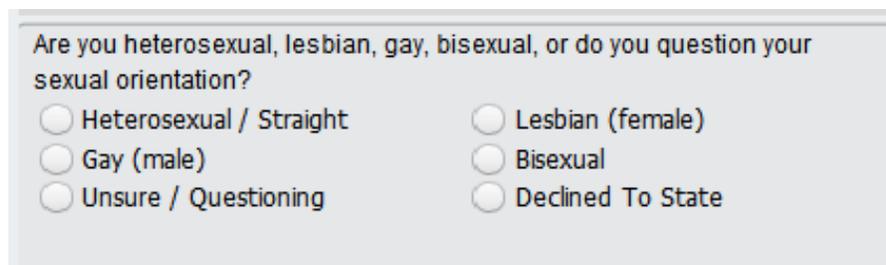
H: 831-555-1212 C: 831-555-1212
123 Maple St.
Santa Cruz CA 95062

Approval to Leave Confidential Message: Enter "Yes" if the client is okay with someone leaving a message that may have confidential information in it, such as appointment information or information about medications.

Sexual Orientation question, "Are you heterosexual, lesbian, gay, bisexual, or do you question your sexual orientation?" This question

is about sexual orientation.

There is also a question about gender, which is on the admission tab.

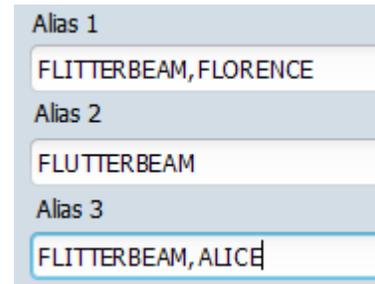


Are you heterosexual, lesbian, gay, bisexual, or do you question your sexual orientation?

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

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Alias questions: Enter any alias for the client, last name first. When users search for the client, Avatar will look for any name you enter here. You can also enter a single name and this name will be part of a search for either last or first name.



Alias 1
FLITTERBEAM, FLORENCE

Alias 2
FLUTTERBEAM

Alias 3
FLITTERBEAM, ALICE

Protection Indicator: Select whether or not the client's information may be shared with others. If "Yes," enter the date that this protection should begin in the **Protection Indicator Effective Date** field.

Name Qualifier: This field is not currently used, but may be used in the future. This question can inform other users about whether or not there are restrictions on disclosing the client's name.

Discharge Form

Only complete the discharge form if the client is no longer receiving services from any Service Program within the Admission Program.

For example, for County Mental Health (LE – 00044 Mental Health Outpatient), check to see if the client has a therapist, a psychiatrist, a case manager, or any other provider associated with the Admission Program. If other people are still working with the client, then you will not close the episode. If you are the only person working with the client, that is, the client has discharged from all services in your LE, then you will complete the Discharge Form.

Discharge tab

1. **Date of Discharge:** Enter the date the client has discharged from the program.
2. **Discharge Time:** Enter 11:59 PM, unless it is important to note the specific time the client discharged. (TIP: Type "2359" and press enter.)
3. **Type of Discharge:** Enter the reason that the client is discharging.
4. **Discharge Practitioner:** Enter the name of the person completing the discharge form.
5. **Discharge Remarks/Comments:** Enter anything that is relevant to the discharge. Do not enter clinical information. This should be entered in the final progress note for the client.
6. **Discharge Instructions:** Enter information here if relevant.

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Demographics tab

This section contains identical items from the Admission form. This is your chance to update any client information, including contact information before you close the client. That way, if the client returns, the most current information for this client will be available.

For information on specific items, see instructions for the Admission form.

Sub Section: CSI

Patient Status Code: Select the best fit for where the client went after discharge.

Discharge Legal Class: Select the best fit for the client's legal status. Most of these questions have to do with conservatorship or legal guardianship.

These questions must be answered for California State reporting.

They have not been made red/required, but you must attempt to gather this information.

Update Client Data Form

This form helps manage basic demographic information for the client. In it, you can update any information from the Admission form at any time using this form.

Once a year, the primary clinician working with the client should look at the form and see if there is anything that needs updating.

(See the section, "[How Can I Tell If Client Information Needs Updating?](#)," for more information.)

You can access the form in three different ways:

1. From the Search Forms field on the Home Console.
2. From the client's chart. (TIP: Add the form to your client charts and you will be able to easily look at this information in the inquiry view whenever you need it.)
3. In the [Missing Info & Missing CSI widget](#), there is a link to this form.

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CSI Admission Form

The CSI Admission form in Avatar is for inputting demographic data for Mental Health Services.

There is an associated widget in the chart that shows some of the key information in this form. See the section, "[Client Info & Missing CSI Widget](#)," for more information.

The CSI Admission form is completed at admission. This information is entered when the client is initially opened to services, and then annually by the primary clinician. Staff providing direct service delivery, such as coordinators and therapists, complete annual updates.

If you are the person completing the Access or Intake Assessment, you may need to complete a CSI Admission form. Unless a clerical person has already done this for you, you will need to do the form yourself.

Do your best to answer the questions on the form. Most of the questions on the form are **required for California state reporting**. Most questions are not red/required because you may not be able to gather all of this information intake. If you are unable to complete the form, you must update it once you obtain the rest of the information. **GATHER AT LEAST:** Last Name, First Name, DOB, SSN, gender. This way, we can insure that this is not a duplicated client.

Questions on the CSI Form

1. **Birth Name (Last, First, Middle):** If you already entered the name in the Admission form, you will see it here. Enter the middle name if known.
2. **Year Or Month/Year Of Birth:** If you already filled in a birthdate in the admission form, you will see that information here. Otherwise, when the complete date of birth is unknown, as much of the date as is known shall be reported. At a minimum, an approximate year of birth must be reported. If only the age is known, enter the estimated year of birth in the format of "YYYY". If the month and year of birth are known, and the exact day is not, report the month and year only, in the format of "MM/YYYY".
3. **Birth Name (Suffix):** Enter as indicated.
4. **Mother's First Name:** Enter if known. This helps us identify the client if they have a common name, or if there is little demographic information available.
5. **Fiscally Responsible County For Client:** Typically, this will be Santa Cruz County, but may be another county, especially for children.

To Clear a Question You Didn't Mean to Answer

- There are several questions on the form that might not apply to your client. For, example, if your client was born out of state, you do not answer the question about County of Birth. To clear a radio button, checkbox or list item in a question (you want the question to be totally blank), click any of the buttons in the question, then press F5 on your keyboard, which will clear the field. If you have done this right, none of the buttons or boxes will be checked or clicked. If this is a list item type question, the question will appear blank.

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6. **Place of Birth – County:** Enter the county if it is in California, otherwise leave blank. If you accidentally clicked this question, and then realized that you don't want to answer it because the client was born out-of-state, see the instructions in the box above, "To Clear a Question You Didn't Mean to Answer."
7. **Place of Birth – State:** Enter if the client was born in the US. Otherwise, leave blank.
8. **Place of Birth – Country:** Enter if known.
9. **CSI Ethnicity:** Enter as indicated.
10. **Special Population:** Enter as indicated if your client fits in any one of these categories. If you are unsure, see your supervisor.
11. **Legal Class:** Enter as indicated.
12. **County School:** Enter if client is a child and is enrolled in school. If you do not see your client's school here, contact the computer helpdesk at **x4657** or hsamhhelp@co.santa-cruz.ca.us. Let them know that there is a school that needs to be added to this list.
13. **District County Code:** Enter the county that the school is in, typically Santa Cruz.
14. **District/Site Code:** Enter the District/Site Code. If you click the light bulb, you will see a list of codes and schools. If you do not see your school here, contact the computer helpdesk at **x4657** or hsamhhelp@co.santa-cruz.ca.us.
15. **Admission Necessity Code:** Enter if applicable. Otherwise click, "Unknown/Not Reported."
16. **Is Substance Abuse Affecting Mental Health?:** Enter as indicated.
17. **Are Developmental Disabilities Affecting Mental Health?:** Enter as Indicated.
18. **Are Physical Health Disorders Affecting Mental Health?:** Enter as Indicated.
19. **Conservatorship/Court Status:** This question relates to the client's conservatorship status. If the client is not conserved, a court dependent or under payeeship, enter "Not Applicable."
20. **Preferred Language:** Enter the client's preferred language. For children, this needs to be the client's preferred language, and not the preferred language of the parent.
21. **Race (Select Up To Five):** Enter as indicated.
22. **Number of children less than 18 years of age that the client cares for/is responsible for at least 50% of the time:** Enter as indicated.
23. **Number of dependent adults 18 years of age and above that the client cares for, is responsible for at least 50% of the time:** Enter as indicated.

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Client Info & Missing CSI Widget

This Widget is in the client chart and tells you if key information about the client still needs to be collected. If the background of the Widget is yellow, there are items missing.

Update Client Data Form

If you click the link, "Update Client Data," in the widget, this will launch the Update Client Data form. Where you can add or update information from the Admission form.

CSI Information Form

This link takes you to the CSI information form, where you can update information from the CSI Admission form.

Once all the questions have been answered, the widget will turn **green** as shown below.

Client Info & Missing CSI

H: 831-555-1212 C:

Required CSI Elements Listed Below
From [Update Client Data](#) :

1. Education -- College Sophomore
2. Emp Status - Homemaker, Full Time
3. Prim Lang -- English
4. Sex ----- Male
5. DOB ----- 1982-12-15
6. SSN ----- BLANK

From [CSI Information](#) for Episode 5 :

7. Birthname (first & last)--- HERZOG HERZOG
8. Mother's First Name----- Helen
9. Preferred Language----- English
10. Fiscal Resp County----- BLANK
11. Cons Court Status----- Not Applicable
12. Num Adults/Child----- 0 / 0
13. Birthplace (Cntry/Cnty/St)- BLANK / BLANK / BLANK
14. Ethnicity----- Not Hispanic or Latino
15. Special Pop----- N
16. Race(s)- BLANK

Client Info & Missing CSI

H: 831-555-1212 C: 831-555-1212
123 Maple St.
Santa Cruz CA 95062

Required CSI Elements Listed Below
From [Update Client Data](#) :

1. Education -- College Sophomore
2. Emp Status - Homemaker, Full Time
3. Prim Lang -- English
4. Sex ----- Male
5. DOB ----- 1982-12-15
6. SSN ----- 999-99-9999

From [CSI Information](#) for Episode 5 :

7. Birthname (first & last)--- HERZOG HERZOG
8. Mother's First Name----- Helen
9. Preferred Language----- English
10. Fiscal Resp County----- 44
11. Cons Court Status----- Not Applicable
12. Num Adults/Child----- 0 / 0
13. Birthplace (Cntry/Cnty/St)- United States / Calaveras / CA
14. Ethnicity----- Not Hispanic or Latino
15. Special Pop----- N
16. Race(s)- Other

If this widget is yellow and you have answered all the questions below the black line, make sure you have entered the address and preferred phone.

Client Info & Missing CSI

H: 831-555-1212 C: 831-555-1212
123 Maple St.
Santa Cruz CA 95062

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How Can I Tell If CSI Information Needs Updating?

First, look in the Client Info & Missing CSI widget. If it is yellow, answer the questions that still need data.

Next, check the most recent version of the Admission, CSI Admission, Update Client Data and Missing CSI Information forms. You can look at the information in these forms just like you look at any other forms, like progress notes, in the client's chart. This view is called the Inquiry View.

Inquiry View:

Forms: In Chart Overview, you will see a list of forms to the left. If you click on the name of any one of the forms discussed in this document, you will see the data in the form.

To add a form to the inquiry view that is not there, see the section titled, "Add a Form That is Not Listed to Your Chart View" in the [Avatar Clinicians Manual](#) on the Avatar webpage.

The screenshot shows the Avatar software interface for a client named LIL' T TTTFAVREAU (000000011), born 06/13/2000. The interface is in the 'CSI Admission' view. The left sidebar lists various forms, with 'CSI Admission' circled in red. The main content area shows the 'CSI Admission' form, which is highlighted in yellow. The form includes the following information:

- Submitted 08/07/2017 at 04:16 PM by NANCY MAST MFT
- CSI Admission**
- Birth Name (Last): TTTFAVREAU
- Birth Name (First): TRACY
- Birth Name (Middle): FREEDOM
- Year Or Month/Year Of Birth: 06/2000
- Mother's First Name: AISHA
- Fiscally Responsible County For Client: Santa Cruz
- Place of Birth - County: San Bernardino
- Place of Birth - State: California
- Place of Birth - Country: United States
- Special Population: No special population services
- Is Substance Abuse Affecting Mental Health?: Yes
- Are Developmental Disabilities Affecting Mental Health?: No
- Are Physical Health Disorders Affecting Mental Health?: No

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Cal-OMS Admission and Cal-OMS Discharge Forms

The Cal-OMS Admission and Cal-OMS Discharge forms in Avatar are not only for collecting demographic data from each SUD service recipient. The forms also serve to collect treatment data which illustrates the positive influence SUD services has on SUD clients as well as facilitates the improvement of service delivery.

The forms contain questions about client demographics, substance use, social supports and other factors that can impact treatment.

When to complete these forms

The CalOMS Admission is completed after the regular Admission form.

The CalOMS Discharge form is completed after the regular Discharge from the episode.

The Cal-OMS Administrative Discharge is used when the client leaves abruptly and cannot be contacted to complete the discharge interview.

Client Cal-OMS Information Widget

There is an associated widget in the chart that shows some of the key information in this form. When all of the information has been added to the Cal-OMS Admission form, the widget turns pale green as seen at right.

If you are the person completing the intake for the client, you may need to complete the CalOMS Admission form. Unless someone else in your workflow normally completes this, you will need to do the form yourself.

Do your best to answer the questions on the form. The questions on the form are **required for California state reporting**. Most questions are not red/required because you may not be able to gather all of this information at intake. If you are unable to complete the form, you must update it once you obtain the rest of the information. **GATHER AT LEAST:** Last Name, First Name, DOB, SSN, gender. This way, we can insure that this is not a duplicated client.

For more information on how to answer questions in the CalOMS forms, see the DHCS document, "The California Outcomes Measurement System Treatment (CalOMS Tx) CalOMS Tx Data Collection Guide NNA Contract – Document 3J," or other documentation available at your workplace.

The screenshot shows a window titled "Client Cal-OMS Information". Below the title bar, it says "Required Cal OMS Elements Listed Below for Episode [blurred]". It lists various fields with their current values or status:

- 1. Birth First Name ----- [blurred]
- 2. Birth Last Name ----- [blurred]
- 3. Form Serial# ----- [blurred]
- 4. Drivers License State----- [blurred]
- 5. Drivers License ----- [blurred]
- 6. SSN ----- [blurred]
- 7. Current First Name----- [blurred]
- 8. Current Last Name ----- [blurred]
- 9. Zip Code Current ----- [blurred]
- 10. Place of Birth-State ---- [blurred]
- 11. Place of Birth-County --- [blurred]
- 12. Mother's First Name ----- [blurred]
- 13. Race ----- [blurred]
- 14. Ethnicity ----- [blurred]
- 15. Veteran ----- [blurred]
- 16. Disability ----- [blurred]
- 17. Consent ----- [blurred]
- Transaction Data---
- 18. Admission Transaction Type: Initial Admission
- Admission Data
- 19. Source of Referral----- Individual includes self referral
- 20. Days Waited to Enter Treatment- 0
- 21. CALWORKs recipient----- No
- 22. SAT under CALWORKs----- No