Avatar User Guide:
CYF 0/18 Treatment Plan of Care

July 20, 2015
Purpose: The purpose of the manual is to walk you through the CYF 0/18 Treatment Plan of Care in the Avatar EHR System.

Menu Path: Avatar CWS>Treatment Planning>CYF 0/18 Treatment Plan of Care

Report Menu Path: Avatar CWS>Treatment Planning>CYF 0/18 Treatment Plan of Care Report

***Do not use the Print Treatment Plan form to print Treatment Plans***
Starting the CYF 0/18 Treatment Plan of Care
Treatment Plan Problem List

Below is the Treatment Plan “Problem List” which is a federal requirement for Meaningful Use (i.e. not language we would have chosen). Items generate based on a library called SNOMED (which is medically based). You will add a “problem code” once you launch the plan (see page 8). It will then populate into this list. Do not search/add codes here.
Adding Plan Participants

1. To add a Plan Participant, click "New Row".
2. Click inside the box to select from Participant Role list.
3. Choose Participant Role.
4. Click the Staff ID box to search for Clinician/Staff member.
5. Click each box to fill in additional participant information.

Plan Participants are individuals who participated in the plan development.
Starting your Treatment Plan – Text entry

Strengths-based treatment planning

Clinical Guideline: Describe how child/youth and family strengths (as identified in CANS assessment) inform treatment plan goals and how interventions delivered will draw upon these strengths.

Discharge Planning

Clinical Guideline: What will it look like when the child/youth and family are maintaining treatment gains without further intervention(s)?

Click "Launch Plan" to start your Treatment Plan
Treatment Plan Problem Section – Adding a Problem

1. Make sure the Treatment Plan is highlighted

2. Click the "Add New Problem" button
Treatment Plan Problem Section – Adding a Problem

Clinical Guideline: Goals, Objectives, and Interventions will be developed for each “Problem Code”. Only “Problems” that are a focus of treatment should be included in this field. It is recommended the client’s Diagnosis be entered here (e.g. ADHD combined type). Psychosocial stressors (e.g. homeless family) can also be included if it is a primary focus of treatment.

Problem Code: ADHD

Search for a Problem Code (SNOMED) code using a keyword and select from the list.
Treatment Plan Problem Section – Adding a Problem

- **Problem Code**: GN09ED-31177006 Attention deficit hyperactivity disorder, combined type
- **Date of Onset**: 07/20/2015
- **Status (Problem List)**: Active
- **Date Added to Treatment Plan**: 07/20/2015
- **Status**: Active - New

Clinical Guidelines:
- Only "Active" problems will generate into the Treatment Plan Problem List (see page 4). In future Treatment Plans, you can change the status to "Resolved," etc.
- For new TPOC, status will be "Active-New. For future TPOC, status could be Active-Continued (still working towards goals); "Achieved" (goal reached - will record and drop in future plan) and "Inactive" if no longer a focus of treatment.
Treatment Plan – Adding a Goal

To add a Goal for the selected Problem, click “Add New Goal”.

- Date Opened: Defaults to today’s date.
- Status: Select Goal Status from the drop-down list.
- If Status of Goal is “Achieved” or “Inactive”, enter the Date Closed.
Treatment Plan – Adding an Objective
Treatment Plan – Adding an Intervention

Clinical Guideline: Include services that will be delivered (you cannot bill codes unless they are written in treatment plan; e.g., "Individual therapy 1x/week with client to build skills to increase attention;"

Description of Intervention appears here

To add an Intervention, click "Add New Intervention"

Date opened defaults to today's date

If Status of Intervention is "Achieved or "Inactive" enter Date Closed

Select Intervention Status from the drop down list
Treatment Plan – Adding Additional Problems

Click and Highlight top of Plan to add another Problem.

When the top of the Treatment Plan is highlighted, the "Add New Problem" button becomes active. Click "Add New Problem" to enter a new item.
Treatment Plan – Editing Items on your Treatment Plan

Click and highlight an item on the Treatment Plan to edit. Notice Goal is selected and now available for editing.
Treatment Plan – Deleting items from your plan

Click and highlight the section you would like to delete. You must delete from the bottom up. For example, if you would like to delete a Goal for a specific problem, you must first delete the Intervention, then Objective, then Goal.

Click the “Delete Selected Item” button to delete items from the Treatment Plan.
Treatment Plan – Saving/Submitting your Plan

Make sure to click “Back to Plan Page”

“Exit to Home View” brings you back to your Avatar Home View

Click “Back to Plan” Page located on the bottom of the Treatment Plan page
Treatment Plan – Saving/Submitting your Plan

- Date Treatment Plan Started: 07/20/2015
- Plan Type: Initial
- Plan End Date: 07/19/2016
- Client was linked to culture specific and/or linguistics services: [ ] Yes, [ ] No
- Last Updated: 07/20/2015
- Last Updated By: Kimberly Voeker
- Parent/Youth Input: Clinical Guideline: Include child/youth and family’s goal(s), stated in their own words, which they identified as a priority.
- Treatment Plan Status: [ ] Draft, [ ] Final
- Choose Status: [ ] Pending Approval
- Team Member To Notify: [ ]

Click “Submit”