<table>
<thead>
<tr>
<th>Action</th>
<th>Avatar Form</th>
<th>Page</th>
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</thead>
<tbody>
<tr>
<td>Client arrives. Program opens the client in Pre-Admit</td>
<td>Pre-Admit</td>
<td>4</td>
</tr>
<tr>
<td>Program completes the SUD LOC in order to request authorization for residential/perinatal services (we are no longer using the Perinatal RU)</td>
<td>SUD Level of Care</td>
<td>7</td>
</tr>
<tr>
<td>LPHA enters the Diagnosis</td>
<td>Diagnosis</td>
<td>8</td>
</tr>
<tr>
<td>Once TAP authorizes, convert the Pre-Admit episode into a regular admission</td>
<td>SA Admission Res CalOMS Prgm Bundle</td>
<td>9</td>
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<tr>
<td>Perinatal programs must enter pregnancy start and end date</td>
<td>Women’s Health History</td>
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<tr>
<td>Develop the treatment plan</td>
<td>SUD Treatment/Recovery Plan</td>
<td>13</td>
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<tr>
<td>Record the clinical activities that the client participated in. Must be submitted weekly, but refer to each day where services are billed</td>
<td>Inpatient/Residential Progress Notes</td>
<td>14</td>
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<tr>
<td>If perinatal client continues to meet medical necessity for ODS Residential, complete the SUD LOC to request services (submit on day 50 after the woman has delivered)</td>
<td>SUD LOC</td>
<td>15</td>
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<tr>
<td>Once approved by TAP, change the billing code from Perinatal to ODS Residential</td>
<td>Bed Assignment</td>
<td>16</td>
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<td>Once the client has completed treatment, close the case</td>
<td>Discharge</td>
<td>18</td>
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<tr>
<td>Record if a client takes a leave from the program</td>
<td>Leaves</td>
<td>19</td>
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<tr>
<td>Record when a client returns from a leave</td>
<td>Return from Leaves</td>
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<td>Verify which clients to bill for</td>
<td>Verify Unit Census</td>
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</table>
In Search Forms, type Pre Admit. Select Pre Admit
This step is important to ensure that duplicate clients are not created by mistake and assures a complete client record.

1. **Enter at least 3 data points of the client**
   1. First Name
   2. Last Name
   3. Sex
   4. SSN
   5. DOB
2. Click Search
3. Select Client or click “New Client”
Pre Admit data elements

**Client Name:** TESTCLIENT; SUMMARY X SR DR

**Sex:**
- Female
- Male
- Unknown

**Date Of Birth:** 10/11/1977

**Age:** 42

**Social Security Number:** 103-11-1111

**Preadmit/Admission Date:**

**Preadmit/Admission Time:**

**Program:**

**Type Of Admission:**

**Admitting Practitioner:**

**Primary Care**

Where does the client go for their general physical health care needs (e.g., for cold or flu)?

- TWUHC - Tom Waddell Urban Health Cntr

Other if not listed above

- Name of clinic

Primary Care Practitioner

- Name

Practitioner Phone Number

- 415-255-0000

Smoker

- Former Smoker

Smoking Status Assessment Date

- 09/14/2020

Insurance

- Medi-Cal
- Medicare (Part B or Part C)
- Healthy San Francisco
- Patient Fee Liability
- San Francisco Health Plan
- Private Health Insurance/Covered CA
- Other Funding Sources
- Uninsured
- Client does not know
• Select the appropriate Type of LOC
• For ODS Perinatal Services, use “Perinatal” for the initial request
• Use “Update Perinatal” if TAP requests additional information on the SUD LOC
• When client moves from Perinatal services to regular ODS Residential services, select “Residential Reauthorization” and the “Reauthorization Type” would be 1-30.
### Diagnosis

#### Type Of Diagnosis
- Admission
- Discharge
- Onset
- Update

#### Date Of Diagnosis
- Calendar

#### Time Of Diagnosis
- Calendar

#### Diagnoses

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Description</th>
<th>Status</th>
<th>Estimated Onset</th>
<th>Classification</th>
<th>Resolved</th>
<th>Bill Order</th>
<th>ICD-9 Code</th>
<th>ICD-10</th>
</tr>
</thead>
</table>

#### Actions
- New Row
- Delete Row

#### Settings
- Show Active Only
  - Yes
  - No
This bundle includes the following forms:

1. Admission
2. CalOMS Admission
3. Episode Guarantor Information
4. Admission Referral (Optional)
5. Contact Information (Optional)
6. .Forms (Optional)
Convert Pre Admit to RES Admission

1. Select the Pre Admit episode by double clicking on it

2. Change the Preadmit date to the Admission Date
3. Change the Preadmit time to the Admission Time
4. Change the Preadmit program to the correct Residential Program NOTE: Please use the non-perinatal RU
5. Change Type of Admission to the correct type
Inpatient/Residential

Field descriptions (the following are all required)

1. Unit (your program)
2. Room (is always room 1)
3. Bed (assigned per your contract)
4. Licensed/unlicensed
5. Room and Board Billing Code for the Perinatal Stay
   1. PODSRES31
   2. PODSRES33
   3. PODSRES35
Women’s Health History Form

Required for Perinatal
1. Click Add
2. Enter client
3. Select episode
4. Enter assess date
5. Pregnancy Start Date
6. Pregnancy End Date
   (60 days post delivery)
Inpatient/Residential Notes
DMC covers Perinatal services up to 60 days post delivery. When this time period has expired, but the client continues to meet medical necessity for ODS Residential Treatment, you will need to submit a new SUD Level of Care in order to request authorization for ODS Residential 3.1, 3.3, or 3.5.

Submit the SUD LOC on day 50 after the woman has delivered in order to request additional ODS RES days.
For clients who have used up their Perinatal days: once TAP approves the request for ODS 3.1, 3.3 or 3.5; use Bed Assignment to change the billing code for the client.
Bed Assignment
(to change billing code)

1. Date of Bed Assignment: Date you want to change billing code
2. Time of Bed Assignment: Enter time
3. Unit: keep as is
4. Room: keep as is
5. Bed: keep as is
6. Licensed/Unlicensed: this is locked
7. Room and Board Billing Code: (31ODSRES, RESODS33, ODSRES35)
Discharge
Leaves are used to record when a client has left a residential facility but you are saving the bed for their return. These may include excused absences (hospitalization) as well as elopement.

When a client returns, use the Return from Leaves form to capture this information.

If it becomes clear that the client will not be returning, then the reason for “return from leave” would be “return to discharge.” You will also have to discharge the client as you normally would.
1. In the Search Forms field, type “Leaves”
2. Select Leaves
3. Enter the client BIS
4. Complete information and click Submit
Leaves (cont)

A. Type Leaves
   1. Elopement billable
   2. Elopement non-billable
   3. Leave billable
   4. Leave non-billable
   5. Same Day Leave billable
   6. Same Day Leave non-billable

B. Reason for Leave
   1. Administrative
   2. Elopement
   3. Home visit
   4. Medical
   5. Placement
   6. Psychiatric
   7. Therapeutic leave
Return from Leaves

1. In the Search Forms field, type “Return”
2. Select Return from Leaves
3. Enter the client BIS
4. Complete information and click Submit
A. Reason for closure of leave
   1. Return from leave to change leave type
   2. Return from leave to discharge
   3. Return from leave
Purpose of this form is to verify (certify) who is in each bed each night.

It is essential that all Bed Assignment changes, Leaves, and Return from Leaves be entered before verifying the unit census.

Each and every day must be verified. Some programs do this on a weekly basis. You can verify all of your agency’s programs at the same time.

For example: if you are verifying one week’s worth of census, you would start with Sunday’s date, select your programs, and click submit. Then return the form and enter Monday’s date, and continue for the entire week.

You should only verify your own agency’s programs.
Verify Unit Census

Fields

1. Date Verified: enter the first date you want to verify
2. Census Verified: should be Yes
3. Unit: select your programs. To deselect the previous entry, click CTRL D
4. Submit
Compile and Post Residential/Inpatient Worklist

Fields
1. From and Through Dates: enter the first through the last dates for which you are entering services
2. Do you wish to recreated the worklist: should be Yes
3. Individual or All: Select Individual (you can still select multiple programs)
4. Select Unit(s): select your programs. To deselect the previous entry, click CTRL D
5. Submit
1. Delete Bed Assignment if you made an error while entering bed assignment.
2. Edit Residential/Inpatient Worklist if you need to make changes to the worklist that you compiled and posted.
3. Edit Service Information.
1. Bed Availability Report
2. Current Unit Census
3. Official Census Report
4. Unit Verification Report
5. Leaves Report
6. SUD Residential Authorization Gap Report
7. SUD Residential UOS Summary Report
8. SUD Residential Auth Gap Report – Only for ODS Residential
9. SUD LOC in Draft by Program Report
10. SUD TPOC Due by Program Report
11. (Coming soon) SUD Residential Console
For more information

For full Avatar User Manuals please visit: https://www.sfdph.org/dph/comupg/oservices/mentalHlth/BHIS/avatarUserDocs.asp

Training videos can be found at: https://vimeo.com/avatarhelpdesk

If you need further assistance, please contact the Avatar Help Desk by: Phone: (415) 255-3788 or Email: AvatarHelp@sfdph.org