



San Francisco Health Network
Behavioral Health Services

San Francisco Department of Public Health

Avatar ODS Perinatal to Regular Residential User Guide

January 4, 2021

Revised



Workflow

Action	Avatar Form	Page
Client arrives. Program opens the client in Pre-Admit	Pre-Admit	4
Program completes the SUD LOC in order to request authorization for residential/perinatal services (we are no longer using the Perinatal RU)	SUD Level of Care	7
LPHA enters the Diagnosis	Diagnosis	8
Once TAP authorizes, convert the Pre-Admit episode into a regular admission	SA Admission Res CalOMS Prgm Bundle	9
Perinatal programs must enter pregnancy start and end date	Women's Health History	12
Develop the treatment plan	SUD Treatment/Recovery Plan	13
Record the clinical activities that the client participated in. Must be submitted weekly, but refer to each day where services are billed	Inpatient/Residential Progress Notes	14
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)	SUD LOC	15
Once approved by TAP, change the billing code from Perinatal to ODS Residential	Bed Assignment	16
Once the client has completed treatment, close the case	Discharge	18



Leaves and Census

Action	Avatar Form	Page
Record if a client takes a leave from the program	Leaves	19
Record when a client returns from a leave	Return from Leaves	22
Verify which clients to bill for	Verify Unit Census	24
Submit charges for residential services	Compile and Post Residential Worklist	26
Making Corrections	Edit Residential/Inpatient Worklist	27
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Pre Admit

In Search Forms, type Pre Admit. Select Pre Admit

The screenshot shows a search results dropdown menu with the following items:

Pre Admit	Avatar PM / Client Management / Episode Management
Pre Admit Discharge	Avatar PM / Client Management / Episode Management
Pre Admit Clinical Bundle	Avatar PM / Client Management / Episode Management
Pre Admit Episodes by Clinician	Avatar PM / Client Management / Episode Management
Pre Admit Episodes by Program	Avatar PM / Client Management / Episode Management
Pre Admit Episodes by Clinician Supvr	Avatar PM / Client Management / Episode Management
Previous HealthCare Services	Avatar PM / Client Management / Client Information
Pretrial Diversion Report	Avatar PM / Client Management / Client Information
TAP RES Pre Admit Prgm Transfers	Avatar PM / Client Management
Residential Program Comprehensive	Avatar PM / Client Management

Navigation controls at the bottom of the dropdown include: "<= Previous 25", "1 through 25 of 30", and "Next 25 =>". Below the dropdown, a search bar contains the text "pre" and a magnifying glass icon.



Search for client

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"

The screenshot shows a web application window titled "Select Client". The interface includes a header with a user icon and the title "Select Client". Below the header, there are several input fields for client information: "Last Name", "First Name", "Sex" (a dropdown menu), "Social Security #", "Date of Birth" (with a calendar icon), "Facility Chart Number", and "Alias". At the bottom of the form, there are three buttons: "Search", "Clear", and "View Client Picture". Below the form is a table with columns for "Name", "ID", "Date Of...", "Social S...", "Client's ...", "Client's ...", and "Facility ...".



Pre Admit data elements

Chart Pre Admit

Pre-Admit

- Demographics
- NAME
- CONTACT INFORMATION
- DEMOGRAPHICS
- PRIMARY CARE
- ALIAS
- Clinical Summary
- Comments
- Insurance Information

Submit

MHS 140 Report
Timely Access
Online Documentation

Client Name

TESTCLIENT, SUMMARY X SR. DR.

Preadmit/Admission Date

T Y

Sex

Female Male Unknown

Preadmit/Admission Time

Current H M AM/PM

Date Of Birth

10/11/1977 T Y

Program

Age

42

Type Of Admission

Social Security Number

103-11-1111

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

Smoker

Former Smoker

Smoking Status Assessment Date

09/14/2020 T Y

Primary Care Practitioner

name

Practitioner Phone Number

415-255-0000

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



SUD Level of Care

SUD Level of Care Recommendation

Initial

Dimension 1
Dimension 2
Dimension 3
Dimension 4
Dimension 5
Dimension 6
Placement Summary

Submit

LOC Date: [Date Picker]

Time of LOC: [Time Picker] Current H M AM/PM

Draft/Final: Draft Final

Type of LOC:

- Initial
- Update (Residential)
- Not Applicable/Incomplete
- Update (Outpatient)
- Youth
- Perinatal
- Residential Reauthorization
- Withdrawal Mgmt
- Update (Perinatal)

Practitioner: [Text Field]

-I would like to start with a blank form.
 Yes

REMINDER: Select a 'Type for LOC' before you select the option to 'Start with a Blank Form'.

Why is client seeking services today (in their own words): [Text Area]

- 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

Chart | Diagnosis

Diagnosis
Additional Diagnosis Inf...

Submit

Online Documentation

Type Of Diagnosis
 Admission Discharge Onset Update

Date Of Diagnosis
[] [T] [Y] []

Time Of Diagnosis
[] [Current] [H] [] [M] [] [AM/PM] []

Select Episode To Default Diagnosis Information From
[]

Select Diagnosis Entry To Default Information From
[]

Diagnoses

Ranking	Description	Status	Estimated Onset	Classification	Resolved	Bill Order	ICD-9 Code	ICD-10
---------	-------------	--------	-----------------	----------------	----------	------------	------------	--------

New Row Delete Row

Show Active Only
 Yes No



SA Admission Res CalOMS Prg

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

Episode	Admit Date	Discharge Date	Program
56	09/11/2020		A BETTER WAY, INC. 0-5 OP IN(38GT05)
55	06/04/2020	06/04/2020	Conversion Program
54	05/31/2020		HR360 Pre Admit

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

The screenshot shows the 'Admission' form in a software application. The left sidebar contains a navigation menu with options like 'Demographics', 'Other Client Data', and 'Inpatient/Residential'. The main form area is populated with data for episode 54. The 'Preadmit/Admission Date' is set to 05/31/2020, and the 'Preadmit/Admission Time' is 10:44 AM. The 'Program' dropdown is set to 'HR360 Pre Admit', and the 'Type of Admission' dropdown is set to 'Pre-Admission'. The 'Source of Admission' dropdown is currently empty.



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**

The screenshot shows a web application interface for 'Admission'. The top navigation bar includes 'Chart' and 'Admission' tabs. A sidebar menu on the left lists various categories: 'Admission', 'Demographics', 'Other Client Data', 'Inpatient/Residential' (highlighted in green), and 'SF Additional Admission'. The main content area contains a form with five dropdown menus: 'Unit', 'Room', 'Bed', 'Licensed/Unlicensed', and 'Room And Board Billing Code'. A 'Submit' button is located at the bottom left of the form area.



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)

The screenshot shows the 'Women's Health History' form interface. The left sidebar contains a navigation menu with the following items: Women's Health History (selected), Menarche, Mammogram, PAP, Pregnancy and Birth, Para and Gravida, Abortion and Miscarriage, Other Information, and Notes. Below the menu is a 'Submit' button and a set of icons for actions like favorite, print, and delete. The main content area is titled 'Women's Health History' and includes a section for 'Add, Edit, or Delete a Record' with 'Add', 'Edit', and 'Delete' radio buttons. The 'Client ID' field contains 'TESTCLIENT,SUMMARY X SR DR (1)'. Below this is a 'Filed Records' table with columns for Record Date, Assessment Date, Pregnancy Start, Initial Treatment, and Menstrual. The 'Assessment Date' field is currently empty. The form is divided into sections: 'Menarche', 'Mammogram', 'PAP', and 'Pregnancy and Birth'. The 'PAP' section includes a 'Date Of Last PAP' field. The 'Pregnancy and Birth' section includes 'Pregnancy Start Date', 'Pregnancy End Date', and 'Initial Treatment Date (2300-DTP-03)' fields, each with a date picker. There are also two radio button questions: 'Have you ever been pregnant?' and 'Have you started prenatal care at another facility?'. The 'Online Documentation' section is visible at the bottom left.



SUD TPOC/Recovery Plan

Chart SUD TPOC / Recovery Plan

Plan Date / Type
Goals and Action Steps

Submit

T Y

Treatment Plan of Care Date
[]

Plan Type
 Initial Update Recovery Plan

Draft Pending Approval Final
 Draft Final Pending Approval

Team Member to Notify
[]

Team Member to Notify Outgoing Comments
[]

I would like to start with a blank form
 Yes

If 'start with blank form' is selected, the goals and action step items will still need to be manually deleted.

Client Strengths
f ad

Long Term Goals (Including clients own words)
f da

Type and Frequency of Counseling/Services
f da

NOTE: If the signature pad is not installed or not working, please select the "Signature on Paper" option.

Capture Signature of Client and/or Other Legal Representative by using the SUD TPOC Signature Addendum form.

Client/Legal Representative Participant

<input type="radio"/> Client Agrees to Sign (use addendum)	<input type="radio"/> Client/Other is Unavailable to Sign
<input type="radio"/> Parent/Guardian/Other agree to sign	<input type="radio"/> Client/Other Declined to Sign
<input type="radio"/> Both Client and Other agree to sign	<input checked="" type="radio"/> Signature on Paper

If NO CLIENT SIGNATURE, document in progress note and enter date of progress note in box below.



Inpatient/Residential Notes

Chart Inpatient/Residential Progress Notes

Inpatient Progress Notes
Progress Notes

Submit

Progress Note For
 Independent Note

Draft/Final
 Draft Final

Note Type
Adult Residential (SA)

Notes Field

Online Documentation

Select T.P. Version
 CYF 0-4 Treatment Plan Of Care
 CYF 0/18 Treatment Plan of Care
 CYF Treatment Plan of Care
 Adult/Older Adult MH Treatment Plan of Care

Select T.P. Item Note Addresses

Note Addresses Which Treatment Plan Problem

Clear 'Note Addresses Which Treatment Plan Problem' Text.

User To Send Co-Sign To Do Item To



SUD Level of Care (to transition from Perinatal to ODS Residential)

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.



Bed Assignment (to change billing code)

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.

The screenshot displays the 'Bed Assignment' interface. On the left, there is a sidebar with a 'Bed Assignment' header, a 'Submit' button, and several icons. Below the icons is a link for 'Online Documentation'. The main area contains the following fields:

- Date Of Bed Assignment:** A date picker set to 02/10/2020, with 'T' and 'Y' buttons and a calendar icon.
- Time Of Bed Assignment:** A time picker set to 02:47 PM, with a 'Current' button, 'H', 'M', and 'AM/PM' dropdowns.
- Licensed/Unlicensed:** A dropdown menu currently set to 'Licensed'.
- Room And Board Billing Code:** A dropdown menu currently set to '(ODSRES35) 3.5 Residential Day'.
- Unit:** A dropdown menu currently set to 'HR360 Perinatal Residential (89...'.
- Room:** A dropdown menu currently set to '1'.
- Bed:** A dropdown menu currently set to '10'.



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

Chart | Discharge

- Discharge
- Demographics
 - NAME
 - CONTACT INFORMATION
 - DEMOGRAPHICS
 - PRIMARY CARE
 - ALIAS
- CSI
- OSHPD

Submit

Episode Number: 56

Date Of Discharge: [] T Y

Discharge Time: [] Current H M AM/PM

Discharge Day Of Week: []

Length Of Stay: []

Reason for Discharge: []

Discharge Practitioner: []

Discharge Remarks/Comments: []

Hospital Discharge Instructions: []

Treatment Outcome: No Improvement

[] [] [] [] [] [] [] [] [] []



Leaves

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.



Leaves (cont)

1. In the Search Forms field, type “Leaves”
2. Select Leaves
3. Enter the client BIS
4. Complete information and click Submit

Search Forms
leaves

Name
Expected Leaves
Leaves
Return From Leaves

Leave Input

Submit

Online Documentation

Leave Date T Y

Leave Time Current H M AM/PM

Type Of Leave From

Unit From HR360 Adult Residential 815 (38...

Reason For Leave

Leave Responsible Person

Leave Location

Leave Comments

Leave Location Address

Mode Of Transportation

Date Guardian Notified T Y

Notified By Whom?

Type Of Outside Service



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

Search Forms
return

Name
Return From Leaves

Return From Leaves

Return Date: [] T Y

Return Time: [] Current H M AM/PM

Type Of Leave From: Elopement

Unit From: HR360 Adult Res 890 With. Mgt.(3834RWM)

Reason For Closure Of Leave: []

Return Condition: []

Return Condition Description: []

Unit: []

Room: []

Bed: []

Licensed/Unlicensed: []

Room And Board Billing Code: []

Daily Charge Code: []



Return from Leaves (cont.)

- A. Reason for closure of leave
 - 1. Return from leave to change leave type
 - 2. Return from leave to discharge
 - 3. Return from leave



Verify Unit Census

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

The screenshot shows the 'Verify Unit Census' web application interface. The page title is 'Verify Unit Census'. The main content area is divided into three sections:

- Date Verified:** A text input field containing '07/22/2020' with a calendar icon to its right. Below the input are three buttons: 'T', 'Y', and a dropdown menu icon.
- Census Verified (Y/N):** A radio button group with two options: 'Yes' (selected) and 'No'.
- Unit:** A list of units with checkboxes. The first unit, 'AARS Residential Treatment', is highlighted in green and has its checkbox checked. Other units listed include 'American River Residential', 'Assisted Independ Living Prog OP Baker', 'Baker Street House Residential', 'Baker- Joe Healy Medical Detox', 'Baker-Acceptance Place', 'Baker-Jo Ruffin Place Residential', 'Baker-Robertson Place Residential', and 'Baker-San Jose Place Residential'.

On the left side of the interface, there is a sidebar with a 'Submit' button and a section for 'Online Documentation' containing several icons (document, folder, star, etc.).



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

The screenshot shows the 'Compile And Post Residential/Inpatient Worklist' interface. On the left, there is a sidebar with a 'Process' button and several icons. The main area contains the following fields:

- From Date:** A date input field with '11/06/2007' entered, followed by 'T', 'Y', and a dropdown arrow.
- Through Date:** A date input field with '07/22/2020' entered, followed by 'T', 'Y', and a dropdown arrow.
- Do You Wish To Recreate The Residential/Inpatient Worklist?:** A radio button group with 'Yes' and 'No' options.
- Individual Or All Units:** A radio button group with 'All' (selected) and 'Individual' options.
- Select Unit(s):** A list of checkboxes for units: 'AARS Residential Treatment', 'American River Residential', and 'Assisted Independ Living Prog OP Baker'.



Making Corrections

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

The screenshot shows the 'Edit Residential/Inpatient Worklist' interface. At the top, there is a dark blue header with the title 'Edit Residential/Inpatient Worklist' and a green plus icon. Below the header, the main content area is divided into several sections:

- Left Sidebar:** Contains a green button labeled 'Edit Residential/Inpatient.', a blue 'Submit' button, and a section titled 'Online Documentation' with several icons (document, folder, star, etc.).
- Main Content Area:**
 - Edit Compiled Worklist For Date:** A date input field showing '06/30/2020' with a calendar icon, and buttons for 'T', 'Y', and a list icon.
 - For Unit:** A dropdown menu.
 - Client ID:** A dropdown menu.
 - For Individual Unit Or All:** Radio buttons for 'All' and 'Individual'.
 - Client Charge Information:** A section with several fields:
 - Room and Board Charge Code: A dropdown menu.
 - Room and Board Charge: A text input field.
 - Daily Charge Code: A dropdown menu.
 - Daily Charge: A text input field.
 - Admit Charge Code: A dropdown menu.
 - Admit Charge: A text input field.
 - Update Worklist:** A blue button at the bottom of the form.



Reports/Consoles

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



Resources

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