



San Francisco Health Network
Behavioral Health Services

San Francisco Department of Public Health

Avatar ODS SUD Residential User Guide

December 11, 2020



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	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
Develop the treatment plan	SUD Treatment/Recovery Plan	12
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	13
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Once the client has completed treatment, close the case	Discharge	17
Record outcomes	CalOMS Discharge	18



Leaves and Census

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Pre Admit

In Search Forms, type Pre Admit. Select Pre Admit

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

<= Previous 25 1 through 25 of 30 Next 25 =>

pre



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 several input fields and a search button. The fields are arranged in a grid:

- Last Name: Text input field
- First Name: Text input field
- Sex: Dropdown menu
- Social Security #: Text input field with a mask (--)
- Date of Birth: Text input field with a calendar icon
- Facility Chart Number: Text input field
- Alias: Text input field

At the bottom of the form, there are three buttons: "Search" (with a magnifying glass icon), "Clear", and "View Client Picture". Below the form is a table header with columns: "...", "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

Date Of Birth

10/11/1977 T Y

Age 42

Social Security Number

103-11-1111

Preadmit/Admission Time

Current H M AM/PM

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

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

Chart 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 Residential Services, use “**Initial**” for the initial request
- Use “**Update (Residential)**” if TAP requests additional information on the SUD LOC



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



Convert the Preadmit by using the 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 a regular Residential 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 do not close the Preadmit episode unless the client did not complete the assessment process
5. Change Type of Admission to the correct type

Chart Admission

Admission

- Demographics
 - NAME
 - CONTACT INFORMATION
 - SEXUAL ORIENTATION an...
 - DEMOGRAPHICS
 - PRIMARY CARE
 - ALIAS
- Other Client Data
- Inpatient/Residential
- SF Additional Admission

Submit

Online Documentation

Episode Number: 54

Client Name: TESTCLIENT, SUMMARY X SR. DR.

Sex: Female Male Unknown

Date Of Birth: 10/11/1977

Age: 42

Preadmit/Admission Date: 05/31/2020

Preadmit/Admission Time: 10:44 AM

Program: HR360 Pre Admit

Type Of Admission: Pre-Admission

Source Of Admission:



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 Residential Stay
 1. **31ODSRES**
 2. **RESODS33**
 3. **ODSRES35**

The screenshot displays a web application interface for admission management. The top navigation bar includes 'Chart' and 'Admission' tabs. The left sidebar menu is expanded to show 'Inpatient/Residential' as the active selection. The main content area contains five dropdown menus for data entry: 'Unit', 'Room', 'Bed', 'Licensed/Unlicensed', and 'Room And Board Billing Code'. A 'Submit' button is located at the bottom left of the form area.



SUD TPOC/Recovery Plan

Chart SUD TPOC / Recovery Plan

Plan Date / Type
Goals and Action Steps

Submit

Treatment Plan of Care Date
[] [T] [Y]

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
 Client Agrees to Sign (use addendum) Client/Other is Unavailable to Sign
 Parent/Guardian/Other agree to sign Client/Other Declined to Sign
 Both Client and Other agree to sign 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

Online Documentation

Progress Note For

Independent Note

Draft/Final Draft Final

Note Type **Adult Residential (SA)**

Notes Field

Select T.P. Version

CYF 0-4 Treatment Plan Of Care CYF Treatment Plan of Care

CYF 0/18 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 request re-authorization

- If determined to be medically necessary, clients must receive reauthorization every 30 days
- Program must request reauthorization 7-10 days before the current authorized period ends to ensure there is proper time for requests for clarification and transition planning
- Approved reauthorizations shall be entered into Avatar by SF DPH/BH staff within 72 business hours of submission (and will be visible on the ODS Manage Care Authorization Report by that time)



Bed Assignment (to change billing code)

For clients who have used up their ODS days or for some other reason you need to change the billing code to only bill for room and board: use Bed Assignment to change the billing code for the client.

The screenshot shows the 'Bed Assignment' form in a medical software interface. The form is titled 'Bed Assignment' and includes the following fields and options:

- Date Of Bed Assignment:** A date picker set to 02/10/2020, with 'T' and 'Y' buttons for time and year selection.
- Time Of Bed Assignment:** A time picker set to 02:47 PM, with 'Current' and 'AM/PM' buttons for time and period selection.
- 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'.

On the left side of the form, there is a 'Submit' button and a section for 'Online Documentation' with several icons for document management.



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, NMRES)



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

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



CalOMS Discharge

Chart CalOMS Discharge

- Cal-OMS Discharge
- Alcohol and Drug Use D...
- Employment Data
- Criminal Justice Data
- Medical/Physical Health...
- Mental Illness
- Family/Social Data

Submit

Consent

No Yes

Record to be Submitted

Discharge Discharge Update Discharge Delete None

Disability

- None
- Visual
- Hearing
- Speech
- Mobility
- Mental
- Developmentally Disabled
- Other
- Client declined to state
- Client unable to answer

Current First Name

Current Last Name

SSN

Zip Code At Current Residence



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

Submit

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 main form 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 window icon.
- Census Verified (Y/N):** A radio button group with 'Yes' and 'No' options. The 'Yes' option is selected.
- 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 'Verify Unit Census' header, a 'Submit' button, and several utility icons (help, print, refresh, etc.). At the bottom left, there is a link for 'Online Documentation'.



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' web application interface. The main form area contains the following fields and options:

- From Date:** A date input field with the value '11/06/2007' and a calendar icon. To the right are buttons for 'T', 'Y', and a dropdown arrow.
- Through Date:** A date input field with the value '07/22/2020' and a calendar icon. To the right are buttons for 'T', 'Y', and a dropdown arrow.
- Do You Wish To Recreate The Residential/Inpatient Worklist?:** A red text label above two radio buttons: 'Yes' and 'No'. The 'No' radio button is selected.
- Individual Or All Units:** A red text label above two radio buttons: 'All' (selected) and 'Individual'.
- Select Unit(s):** A section with a list of checkboxes and unit names:
 - AARS Residential Treatment
 - American River Residential
 - Assisted Independ Living Prog OP Baker

On the left side of the interface, there is a sidebar with a 'Process' button and several icons (home, print, refresh, error, group, star). At the bottom left, there is a link for 'Online Documentation'.



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