Avatar ODS SUD Residential User Guide

December 11, 2020
<table>
<thead>
<tr>
<th>Action</th>
<th>Avatar Form</th>
<th>Page</th>
</tr>
</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</td>
<td>SUD Level of Care</td>
<td>7</td>
</tr>
<tr>
<td>residential/perinatal services</td>
<td></td>
<td></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</td>
<td>SA Admission Res CalOMS Prgm Bundle</td>
<td>9</td>
</tr>
<tr>
<td>admission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop the treatment plan</td>
<td>SUD Treatment/Recovery Plan</td>
<td>12</td>
</tr>
<tr>
<td>Record the clinical activities that the client participated in.</td>
<td>Inpatient/Residential Progress Notes</td>
<td>13</td>
</tr>
<tr>
<td>Must be submitted weekly, but refer to each day where services are</td>
<td></td>
<td></td>
</tr>
<tr>
<td>billed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If client continues to meet medical necessity submit SUD LOC to obtain</td>
<td>SUD LOC</td>
<td>14</td>
</tr>
<tr>
<td>re-authorization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To change billing code</td>
<td>Bed Assignment</td>
<td>15</td>
</tr>
<tr>
<td>Once the client has completed treatment, close the case</td>
<td>Discharge</td>
<td>17</td>
</tr>
<tr>
<td>Record outcomes</td>
<td>CalOMS Discharge</td>
<td>18</td>
</tr>
<tr>
<td>Action</td>
<td>Avatar Form</td>
<td>Page</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Record if a client takes a leave from the program</td>
<td>Leaves</td>
<td>19</td>
</tr>
<tr>
<td>Record when a client returns from a leave</td>
<td>Return from Leaves</td>
<td>22</td>
</tr>
<tr>
<td>Verify which clients to bill for</td>
<td>Verify Unit Census</td>
<td>24</td>
</tr>
<tr>
<td>Submit charges for residential services</td>
<td>Compile and Post Residential Worklist</td>
<td>26</td>
</tr>
<tr>
<td>Making Corrections</td>
<td>Edit Residential/Inpatient Worklist</td>
<td>27</td>
</tr>
<tr>
<td>Reports and Widgets</td>
<td></td>
<td>28</td>
</tr>
<tr>
<td>Resources</td>
<td></td>
<td>29</td>
</tr>
</tbody>
</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 Information**
- **Client Name:** TESTCLIENT, SUMMARY X SR. DR.
- **Sex:** Female
- **Date Of Birth:** 10/11/1977
- **Age:** 42
- **Social Security Number:** 103-11-1111

**Pre Admit/Admission Details**
- **Pre Admit/Admission Date:**
- **Pre Admit/Admission Time:**

**Program**
- **Current**

**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
- **Smoking Status Assessment Date:** 09/14/2020

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**
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

### 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>

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

**Date Of Diagnosis**

**Time Of Diagnosis**

**Select Episode To Default Diagnosis Information From**

**Select Diagnosis Entry To Default Information From**

---

8
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

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
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
Inpatient/Residential Notes
• 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)
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.
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)
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
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
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.
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
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
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.
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
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