#### DIAGNOSIS (ADMISSION) & UPDATE, CONTRACTOR TX PLAN (INCLUDES ASSESSMENT DATE & CONSENT TO TREATMENT DATE), CSI ADMISSION, LOCUS & CALOCUS,



Friday, October 24, 2014 2:00 – 3:30 PM



#### PRESENTER:

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#### FOLLOW UP QUESTIONS FROM 10/15

The question: If a Contracted Agency is a Client's Care Coordinator, how and where is this done in Avatar?

**Answer:** If a Contracted Agency is the Care Coordinator, the assignment of a Care Coordinator must be done by MIS.

Currently Avatar has a form where the CC is assigned. In order for a Contracted Agency to have access to this form;

- 1. QM/MIS must approve that Contractors will be given this access.
- 2. QM must write Protocols on what the process will be.
- 3. QM must approve the Agency
- 4. Training must be provided to Agency before given access to the from.



#### FOLLOW UP QUESTIONS FROM 10/15

The question: What termination reason should an Agency use to discharge a client if they go AWOL?

Answer: If a client goes AWOL from a program, and is terminated in Avatar, the termination Program can use Other as the reason and explain in the discharge comments section.

Administrative Discharge is used in the AOD Programs not MH.



# **Diagnosis (Admission)**



#### WHEN IS THE FORM USED?

The Diagnosis is entered at <u>Admission</u>, <u>**Discharge**</u> and should be <u>**Updated**</u> if the Diagnosis changes after admission.



### **DIAGNOSIS (ADMISSION)**

Entering an initial diagnosis: Menu Path > Avatar PM > Client Management > Client Information > Diagnosis or



### **DIAGNOSIS (ADMISSION)**



- 1. In the Type Of Diagnosis field (Admission)
- 2. Selecting Admission or Discharge populates the client's admission or discharge date in the Date of Diagnosis field.
- 3. In the Time Of Diagnosis field, enter the diagnosis time.
- 4. In the Diagnosis Axis I field, enter diagnosis Axis I using DSM-IV codes .
- 5. In the Principal Diagnosis field, select the diagnosis using the chevron (▼). Diagnoses codes entered in Axis II fields can be selected.
- 6. Select "Submit" to save the form.



#### **DIAGNOSIS (ADMISSION)**

New fields: There a few new fields on the Diagnosis Form can be seen but are <u>currently not</u> in <u>use</u>. These new fields are part of the upgrade to ICD 10 and Meaningful Use. Once we begin to use them users will be notified and trained on their usage.

General Medical Condition Summary Code (CS	I)
Allergies	<b>A</b>
Anemia 📃	
Arterial Sclerotic Disease	
Arthritis	
Asthma	
	▼.

Axis IV: Primary Support Group	-Diagnosis - Axis V Current GAF Rating	-Diagnosis - Axis III - 1
-Axis IV: Social Environment Yes No		-Diagnosis - Axis III - 2
Axis IV: Educational Ves No	Yes No Unknown	-Diagnosis - Axis III - 3
Ves No	Substance Abuse / Dependence (CS1)  Yes No	
_ Yes No	Substance Abuse / Dependence Diagnosis (CSI)	Prognosis
→ Yes → No		GAF - Lowest Level Last 12 Months
Axis IV: Legal System/Crime Ves No		GAF - Highest Level Last 12 Months
-Axis IV: Other Problems Ves No		



# Diagnosis Update & Discharge



### **DIAGNOSIS (UPDATE)**







### **DIAGNOSIS (UPDATE)**

Chart 🗧 Diagnosis 🖗	
• Diagnosis   • Supplemental Diagnosis   • Supplemental Diagnosis   • Supplemental Diagnosis   Submit     Submit     Submit	Type Of Diagnosis       Diagnosis - Axis II - 2         Admission       Discharge         Onset       Update         Diagnosis - Axis II - 3         Diagnosis       Diagnosis - Axis II - 3         Diagnosis       Current         H       M         Diagnosis - Axis I - 1       General Medical Condition Summary Code (CSI)         Diagnosis - Axis I - 1       Anemia         296,23 MAJOR DEFRESSIVE DISOR DER, SINGLE EPISCOE, SEVERE WI       Anemia         Diagnosis - Axis I - 2       Axis II - 2
Online Documentation	Diagnosis - Axis I - 3  Diagnosis - Axis II - 1  Diagnosis - Axis II -

- 1. In the Type Of Diagnosis field (Update), select the diagnosis is associated with the client.
- 2. Selecting Admission or Discharge populates the client's admission or discharge date in the Date of Diagnosis field.
- 3. In the Time Of Diagnosis field, enter the diagnosis time.
- 4. In the Diagnosis Axis I field, enter diagnosis Axis I DSM-IV codes.
- 5. In the Principal Diagnosis field, select the diagnosis using the chevron (▼). Diagnoses codes entered in Axis II fields can be selected.
- 6. Select "Submit" to save the form.

### **Contractor Treatment Plan** (Includes Entering the Assessment Date & Consent to Treatment Date)



### **CONTRACTOR TREATMENT PLAN**



The Contractor Treatment Plan form has 2 sections

1. Contractor Treatment Plan



2. Client Overall Goal





### **CONTRACTOR TREATMENT PLAN**



**Red=Required** 

- 1. Plan Name , (*Naming convention = Client's preferred Name, Type of Plan & Year*) (Sammy's Annual Plan 2014)
- 2. Plan Type (Annual Plan, Initial Plan, Update Plan)
- 3. Plan Start Date (date of clinician signature).
- 4. Plan End Date (auto populates once the Plan Start is entered)
- 5. Treatment Plan Status (Draft, Final, Pending Approval)



### **CONTRACTOR TREATMENT PLAN**

6. Type the (Client's Overall Goal – listed on paper Treatment Plan)



### **ENTERING ASSESSMENT DATE** & CONSENT TO TREATMENT DATE

Contractors who are also the Client's Care Coordinator should include the date when the client Assessment was completed

In the Documentation Compliance section





#### **TREATMENT PLAN COMPLETION**

14. If everything is complete, you can now change the status from Draft to **Final** ( the (Draft watermark disappears)



This Treatment Plan is for CONTRACTOR ENTRY ONLY		
Plan Name Samm/s Annual Plan	Plan Type	Annual Plan 💌
Plan Dates       Plan Start Date (date of clinician signature)       10/13/2014       T       Y       Plan End Date       08 /0 1/2015	Treatment Plan Status Draft Final Team Member To Notify	Pending Approval

 You can submit the form in Draft status if changes need to be made later.

Forms left in Draft status will not be counted as having a up-to-date Tx Plan and services billed will not eligible to be paid.

15. Click Submit to save

Submit





The CSI Admission form is part of the Admission Bundle (OUTPATIENT) or can be accessed from Forms & Data > My Forms or by Search Forms or

Search Forms CSI	Name CSI Admission	Menu Path Avatar PM / Cl	Menu Path Avatar PM / Client Management / Client Information	
<ul> <li>Birth Name (Last)</li> <li>Birth Name (First)</li> <li>Birth Name (Middle)</li> <li>Birth Name (Suffix)</li> <li>Mother's First Name</li> <li>Fiscally Responsible County</li> <li>Place of Birth – County</li> <li>Place of Birth – State</li> </ul>	Birth Name Birth Name Birth Name Birth Name Sr IV Mother's Fi Fiscally Res San Mateo	(Last) (First) (Middle) Ie (Suffix) Ur V rst Name ponsible County For Clier	Cleaner Sammy III: VI Lucy	
. Place of Birth -Country	Place of Bir Place of Bir Place of B United S Once	th - County th - State lirth - Country at es e County is pu	California	punty

auto populate

#### 10. Ethnicity

- **11. Primary Language**
- 12. Conservatorship/Court Status

CSI Ethnicity Not Hispanic or Latino Unknown / Not Reported Hispanic or Latino	
Primary Language	
English	<b>.</b>
Conservatorship/Court Status Temporary Conservatorship Lanterman-Petris-Short Murphy Probate PC 2974 Representative Payee Witho Juvenile Court, Dependent Juvenile Court, Ward - Stati Juvenile Court, Ward - Juve Not Applicable	o ut Conservatorship of the Court us Offender enile Offender





#### 13. Race (Select up to 5)

**14. Special Population** - If client is a child then County School should be selected from the drop down box.

15. Number of children less than 18 client is responsible at least 50% of time

16. Number of dependent adults client is responsible at least 50% of time





Click Submit to save

Submit



# **Questions?**



# CONTRACTOR LOCUS & CALOCUS ENTRY



The Contractor LOCUS & CALOCUS Entry forms or can be accessed from Forms & Data> My Forms or by Search Forms or <u>Avatar CWS/Contractor Document Entry</u>

The Contractor LOCUS & CALOCUS Entry forms have 2 sections

#### 1. LOCUS Scores

• LOCUS Scores	)
• Finalize	
Submit	J

#### 2. Finalize





#### LOCUS Scores Section

• LOCUS Scores	
• Finalize	
Submit	

Date Assessed	Y H			
#1 - Risk of Harm 1-Minimal Risk	O 2-Low risk	3-Moderate Risk	4-Serious risk	5-Extreme Risk
#2 - Functional Status	💿 2-Mild	3-Moderate	0 4-Serious	5-Severe
#3 - Medical, Addictive • 1-None	and Psychiatric Co-Morbidit	3-Significant	4-Major	5-Severe
#4a - Recovery Enviro <ul> <li>1-Low Stress</li> </ul>	nment - Environmental Stres	sors 3-Moderately	4-Highly	5-Extremely Stressful
#4b - Recovery Enviro 1-Highly Supportiv	onment - Environmental Supp e 2-Supportive	Oort 3-Limited	4-Minimal	5-No Support
#5 - Treatment and Re 1-Fully	covery History 2-Significant	3-Moderate/Equivocal	0 4-Poor	O 5-Negligible
#6 - Engagement 1-Optimal	2-Positive	3-Limited	0 4-Minimal	O 5-Unengaged

- 1. Risk of Harm
- 2. Functional Status
- 3. Medical, Addictive and Psychiatric Co-Morbidity
- 4a. Recovery Environment Stressors
- 4b. Recovery Environment Support
- 5. Treatment and Recovery History
- 6. Engagement











#### CONTRACTOR CALOCUS ENTRY (FOR YOUTH)

#### LOCUS Scores Section

LOCUS Scores
• Finalize
Submit

#### **Date Assessed**

#### **Is Youth Emancipated**

/09/2014 G	Y) 🗄	Ves	emancipated	No
- Risk of Harm 1-Low Risk	💿 2-Some Risk	🔿 3-Significant Risk	4-Serious Risk	5-Extreme Risk
- Functional Impairmen 1-Minimal	0 2-Mild	3-Moderate	0 4-Serious	5-Severe
- Co-morbidity 1-None	2-Minor	3-Significant	0 4-Major	5-Severe
a - Recovery Environme 1-Minimally Stressful	ent -Environmental Stress 2-Mildly	ors 3-Moderately	4-Highly	O 5-Extremely Stressful
<ul> <li>Recovery Environm</li> <li>1-Highly Supportive</li> </ul>	ent -Environmental Supp 2-Supportive	O 3-Limited	4-Minimally	5-No Support
- Resiliency and Treatm 1-Full	ent History 2-Significant	3-Moderate/Equivocal	O 4-Poor	5-Negligible
a - Treatment, Acceptan 1-Optimal	2-Constructive	dolescent* 3-Obstructive	4-Adversarial	5-Inaccessible
o - Treatment, Acceptar 0-N/A 3-Obstructive	nce Engagement -Parent/	Care-taker* 1-Optimal 14-Adversarial	2-Constructive 5-Inaccessible	A A
olulus on oous s		<ul> <li>L Total Score</li> </ul>		

- 1. Risk of Harm
- 2. Functional Impairment
- 3. Co-morbidity
- 4a. Recovery Environment Stressors
- 4b. Recovery Environment Support
- 5. Resiliency and Treatment History
- 6a. Treatment, Acceptance Engagement Child/Adolescent\*
- 6b. Treatment, Acceptance Engagement Parent/Care-taker\*





Go to the Finalize Section



-Send To (for Pending Approval only)-

Send To (for Pending Approval only) Outgoing Comments

#### Select Draft/Pending/Final Status



#### Selecting Final prevent edits





Click Submit to save

Submit

# **Questions?**

# Thank you for attending

Last Webinar – Reports & Scanning October 30, 2014 10:30-12:00 pm

