- **Co-Practitioner** – If another counselor participated in providing the service, enter the Counselor’s ID or last name and click the blue “Process Search” button. Select the Counselor from the list displayed.

Click on the Submit icon to save the services. Avatar displays a pop-up window giving you the option of returning to the form to enter the next set of service information. If you have additional services to enter, click on “Yes”. If you are done entering services, click on “No”.

If you select to continue entering services, you have the option of setting new From/Through Dates or leaving the dates entered for the previous set of services.

**C. Urinalysis (UA):**
Whatever form or process used by your program will continue. There is currently no Avatar option to capture UA’s.

**D. Request/Receive Referral**

AOD Referral Process Options:

1. AOD Referral
2. AOD Proof of Enrollment
3. AOD Proof of Discharge

These three options are used to record the entire referral process electronically, capturing referral, proof of enrollment, and proof of discharge information for the client. These three options need to be completed in order shown above so that information flows from one to the next correctly. All three forms are “Client Based” and are not attached to a specific episode of care. Due to the requirements of 42 CFR, once these documents are filed as final they will no longer be editable and will be blocked from view by staff except those that have been sent a notification. There are specific reports that will allow AOD staff to access past referral information.

All the forms required for this process are located in the following menus:

**Path:** Avatar CWS/Other Chart Entry/AOD Referrals
AOD Referral (Initiated by AOD Staff)
All fields in RED are required to be able to complete this form.

"Referral Information" tab, Page 1 of 2
Before saving the form, be sure to select the name(s) of the Providers to notify.

In the field “Draft / Final”, if you select Draft, the form will be saved in its current state and will NOT send notifications to any provider. Saving an AOD Referral as Draft means you want to return to the form to edit it before sending the referral.

In the field “Draft / Final”, if you select Final, the form will be saved once you click on the “Submit” icon and the people selected in the “Send To” field will be notified. You will not be able to edit this document after this point.

Once the form is saved as Final, the selected recipient(s) will receive a To Do List notification.

The referral recipient will double click on the To Do list item for more information.
After double-clicking on the notification, the recipient will see a display similar to the screen shot below:

Click on the blue View Detail button to review the complete referral.
SAN MATEO COUNTY
BEHAVIORAL HEALTH AND RECOVERY SERVICES

TESTONE,TEST (930000)
1245 BYE STREET - INFOSCRIBER TEST
TEST
SAN MATEO, CALIFORNIA 94403

AOD Client Referral - Achieve 180

Referral Date: 7/12/2012
Treatment Level: Outpatient
Client must enroll in program on or by: 7/31/2012
Referred To: Project 90
Referral Comments: The comments section if for capturing any information that is not covered in the previous fields that may be important for providers to receive.
Social Worker: Ingall Bull
555-1212

Completed By: INGALL BULL on 7/13/2012

AOD Proof of Enrollment (Completed by Provider)

Once the Client arrives at the Provider’s program, the provider completes the AOD Proof of Enrollment form. Pre-selected information will automatically flow into this form from the last referral on file. The first page of this tab displays basic information about the referral. Click on the blue “Referral Information” button for more information.

The first page displays the information contained in the original referral.
The report of referral information will look similar to the screen shot below:
SAN MATEO COUNTY
BEHAVIORAL HEALTH AND RECOVERY SERVICES

TESTONE,TEST (930000)
1245 BYE STREET - INFOSCRIBER TEST
TEST
SAN MATEO, CALIFORNIA 94403

AOD Client Referral - Achieve 180

Referral Date: 7/12/2012
Treatment Level: Outpatient
Client must enroll in program on or by: 7/31/2012
Referral To: Project 90
Referral Comments: The comments section if for capturing any information that is not covered in the previous fields that may be important for providers to recover.

Social Worker: Ingall Bull
565-1212

Completed By: INGALL BULL on 7/13/2012
On page 2 of “AOD Proof of Enrollment”, document the Date and Status of the enrollment. Use the enrollment comments to document any information about the enrollment that should be communicated back to AOD Staff.

In the field “Send To”, select the recipient.

In the field “Draft / Final”, selecting Draft will save the form in its current state and will NOT send notifications to any provider. Saving an AOD Proof of Enrollment as Draft means you want to return to the form to edit it before sending the referral.

In the field “Draft / Final”, selecting Final will save the form when you click on the “Submit” icon and the people selected in the “Send To” field will be notified. You will not be able to edit this document after this point.

Once the form is saved as Final, the selected recipient(s) will receive a To Do List notification.
The referral recipient will double click on the To Do list item for more information.

From “View Details” in the To Do List, the report of referral information will look similar to the screenshot below:

[Image of referral report]

**SAN MATEO COUNTY**

**BEHAVIORAL HEALTH AND RECOVERY SERVICES**

**TESTONE, TEST (930000)**

12/05 BYE STREET - INFOscriber TEST

SAN MATEO, CALIFORNIA 94009

**AOD Client Referral - Achieve 180**

Referral Date: 7/12/2012  
Treatment Level: Outpatient  
Client must enroll in program on or by: 7/31/2012  
Referred To: Project 90  
Referral Comment: The comments section is for capturing any information that is not covered in the previous fields that may be important for providers to receive.

Social Worker: Ingall Bull  
P.O./Parole Agent:

555-1212

Completed By: INGALL BULL on 7/13/2012

**Proof of Enrollment**

Date: 7/13/2012  
Enrollment Status: Enrolled  
Enrollment Comments: Use the enrollment comments to document any information about the enrollment that should be communicated back to AOD Staff

Completed By: INGALL BULL on 7/13/2012
AOD Proof of Discharge (completed by Provider)

This form is used to document when the client is discharged from your program. Clicking on the blue "Referral Information" button will give you more information about Referral and Enrollment Information. Fill out as much information as you have regarding the client’s discharge. On Page 1, the fields at the top of the form are filled in automatically. In the "Discharge Information" section, the fields "Date of Discharge" and "Discharge Status" are required.
On Page 2, the only required field is “Draft/Final Status”. On Page 2 you can enter the number of positive and negative urinalysis results. In addition, the “Discharge Comments” field provides room to communicate any additional important discharge information to AOD staff. Be sure to select a recipient, select “Final” and submit the form. The AOD staff selected in the “Send To” field will be notified of the discharge.