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1.0 Policy

It is the Policy of the Division of Public and Behavioral Health (DPBH), Substance Abuse, Prevention, and Treatment Agency (SAPTA) that all providers, in accordance with 505 (a) of the Public Health Service Act (42 US code 290aa-4) which directs the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), to collect items including admission and discharge data.

2.0 Procedure

- 1. Type **Pre-Admit** in the Search Forms field.
 - a. A selection menu will appear.

Recent Forms Pre Admit Discharge Discharge	Users have the ability to refresh widgets, minimize the widget screen, and even the icons on the upper right of the Widget.
Name	Menu Path
Pre Admit	Avatar PM / Client Management / Episode Management
Rre Admit Discharge	Avatar PM / Client Management / Episode Management
PSR Pre Auth Tracking Report	Avatar PM / Crystal Reports / Rural Clinics Reports / RC Financial R
pre a	

- 2. Select the **Pre-Admit** form by double clicking on it from the selection menu.
 - a. The select client screen will appear.
- 3. Enter at least three of the following options into the select client window.
 - a. Last Name
 - b. First Name
 - c. Sex
 - d. Social Security #
 - e. Date of Birth.
 - f. The following information is recorded in their respective fields.



- 4. Click the Search button.
 - a. If the client appears, click on the green box with their name.
 - b. Otherwise, the Search Results text box will appear and state "No matches found."
- 5. Click the OK button within the Search Result text box.

		Select (lient		>
Select Clier	t				
Last Name		First Name		Sex	
SAPTA				Male	
Social Security #		Date of Birth			
		10/24/1961			
		Facility Chart #		PATID	
		Search R	esults		×
Q Search	No match	nes found.			
S Nam	No match	ies found.			A
	No match				A
	No match				A
	No match				A
	No match				A

- a. The Search Results text box will disappear.
- 6. Click New Client at the bottom of the screen.



b.

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a. The Auto Assign Next ID Number box will appear.

Select Client		
Last Name	First Name	Sex
JUNIE	BUG	Female
Social Security #	Date of Birth	
	Avatar 2014 - Cli	ient ×
	Auto Assign Next ID Num	iber?
©. <u>S</u> earch	Yes	No
S Name		's A
	Select New C	lient Cancel

- 7. Click Yes. The **Pre-Admission** form will open.
- 8. Verify that your information added from the New Client screen auto-populated.
 - a. The **Facility, Episode Number, Client Name, Sex, RRG, and Date of Birth** will auto populate from the New Client screen; however, if any are missing, fill in those fields.

• Pre-Admit	-				
• Demographics	V .		1,000		
Client Demographics	Facility	1003	RRG	ments	
Alias • Clinical Summary	Episode Hamber	10	Type Of Admission	Pre-Admission	-
• Comments	client Name		Admitting Practitioner		
Submit	DEVILLE, CRUELLA A IV MS		SMITH, GARY (000005)		
	Sex		0		
	🖲 Female 📃 Male	O Unknown			
🔞 🔺 🔶	Date Of Birth		Expected Date Of Admission	-1	
	x2/02/2000	<u>·</u>		-	
	Age	14	Scheduled Admitting Practitioner		
Online Documentation	-Preadmit/Admission Date				
Unine Documentation		х. 7			
	Preadmit/Admission Time		Social Security Number	111-11-1111	
	03:13 PM Current	Н 🛨 М 🛨 АМ/РМ 🛨	Pre-Admission Diagnosis	111-11-1111	
			Pre-Admission Diagnosis		
	Program	S1 Assessment Adult Pre-Admit 👻			
	Treatment Setting	Outpatient 💌			
	Treatment Service	SA Evaluations	Ever A Client In This Hospital		
			Yes	O No	
	▼ Employer				
	McDonalds		Disposition		-
	Pre-Admission Disposition				
				A D 7	
				•	
	Source Of Admission		Veteran	💿 No	
	Current Resident Code	•	O Yes	NO NO	
			Homeless Indicator		-

9. If it does not auto-populate, fill in the **Date of Birth** field using the MM/DD/YYYY format or by clicking the T or Y button.



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- a. The client's date of birth is recorded.
- b. The Age field will auto-populate based on the date of birth entered.
- 10. Fill in the **Preadmit/Admission Date** field using the MM/DD/YYYY format or click the T or Y button.a. The client's admission date is recorded.
- 11. Fill in the **Preadmit/Admission Time** field by either typing it in or clicking the Current button.
 - a. For quick typing, enter the time with an A (meaning AM) or P (meaning PM).
 - b. The client's admission time is recorded.
- 12. If it does not auto-populate, select an option from the **Program** drop-down menu.
 - a. The client's program type will be selected. Also, the Treatment Setting, Treatment Service, and RRG fields will auto-populate.
- 13. Select an option from the 'Type of Admission' drop-down menu.
 - a. The client's admission type is recorded.
- 14. Select an option from the 'Source of Admission' drop-down menu. The client's admission source is recorded.
- 15. Type a practitioner in the **Admitting Practitioner** field using the LAST NAME, FIRST NAME format. a. A selection menu will appear.

•			
Facility	1003	RRG	Assessments
Episode Number Client Name DEVILLE, CRUEALA A IV MS		Type Of Admission Admitting Practitioner SMITH, GARY (000005)	Pre-Admission
Female Male Date Of Birth 12/02/2000 T Y	Unknown	Expected Date Of Admission	1
Age Preadmit/Admission Date 02/15/2015 T Y -	14	Scheduled Admitting Practitioner	2
Preadmit/Advission Time 03:13 PM Corrent Program	H T M T AM/PM T	Social Security Number Pre-Admission Diagnosis	111-11-1111
Treatment Setting	Outpatient SA Evaluations	Ever A Client In This Hospital	
	UN LYBIOLOGIU	Yes	○ No

- 16. Select your Admitting Practitioner by double-clicking on him/her.
 - a. The admitting practitioner field is selected.
- 17. Fill in the **Expected Date Of Admission** field using the MM/DD/YYYY format or click the T or Y button.
 - a. The client's admission date is recorded.
- 18. Type a practitioner in the **Scheduled Admitting Practitioner** field using the LAST NAME, FIRST NAME format.



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s aphics	Facility	1003	RRG Assessments	-
ary	Episode Number	10	Type Of Admission Pre-Admission	-
	Client Name		Admitting Practitioner	
+	DEVILLE, CRUELLA A IV MS		SMITH, GARY (000005)	
	Sex			
0	💽 Female 🖉	Male Unknown		
	_Date Of Birth		Expected Date Of Admission	
		Y	02/06/2015 T Y 🛨	
	Age	14	Scheduled Admitting Practitioner	
		14	smi	
Results	Donardanij Aldanimina Daka			
mentation H (0	00005)			
			ocial Security Number 111-11-1111	
			Pre-Admission Diagnosis	
			290.10 DEMENTIA DUE TO CREUTZEELDT 14 CCD DISEASE, PICK'S D	IS 🔍

- 19. Select your practitioner by double-clicking on him/her.
 - a. The attending practitioner is selected.

A selection menu will appear.

- 20. Social Security Number.
 - a. The number will remain when you tab to the next field.

▼			
Facility	1003	RRG	Assessments
Episode Number	10	Type Of Admission	Pre-Admission 💌
Client Name DEVILLE,CRUELLA A IV MS Sex Female Male	O Unknown	Admitting Practitioner SMITH, GARY (000005)	2
Date Of Birth 12/02/2000 T Y 🚊	1	Expected Date Of Admission 02/06/2015 T Y = Scheduled Admitting Practitioner	
Age Preadmit/Admission Date 02/05/2015 T Y	14	GAR Y SMITH (000005)	2
Preadmit/Admission Time 03:13 PM Current	H T M T AM/PM T	Social Security Number Pre-Admission Diagnosis	111-11-1111
Program	S1 Assessment Adult Pre-Admit 🛛 👻		2
Treatment Setting	Outpatient 💌		
Treatment Service	SA Evaluations	Ever A Client In This Hospital	○ No

21. Select either the Yes or No radial button in the Ever A Client In This Hospital field.a. The client field will be recorded.



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22. Type an employer in the **Employer** field.

a. The client's alert is recorded.

Employer McDenalds	Disposition	Anxious	-
Pre-Admission Disposition Pre-Admission dispos	toron nere.		
Source Of Admission Current Resident Code	Court/Criminal Justice Referral/ With Children and Non-Relatives Homeless Indicator	No Independent Living	

- 23. Select an option from the **Disposition** drop-down menu.
 - a. The client's disposition is now recorded.
- 24. Type the client's **Pre Admission Disposition** in the **Pre Admission Disposition** field. This is a free form field.
 - a. The client's detailed disposition is recorded
- 25. Select an option from the Source Of Admission drop-down menu.a. The client's source is recorded.
- 26. Choose a radio button for the Veteran indicator. Yes means he/she is a veteran. No means he/she isn't.
 - a. The client's veteran status is recorded.
- 27. Select an option from the Homeless Indicator drop-down menu.
 - a. The client's housing status is recorded.
- 1. Once all the needed information/information provided is entered move to **Demographics** by clicking on the tab on the left side of the form.

→	• Demographics		
	Client Demographics Alias		
	Submit		

- a. The **Demographics** section should appear.
- 2. Most fields will auto populate from previous forms, but information can still be added/changed.
- 3. Click on the Clinical Summary tab on the left hand side of the screen to continue



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- 4. In the **Pre-Admission Presenting Psychiatric Problems** field, enter the client's Presenting Psychiatric Problems.
 - a. This field will remain when you tab to the next field.
- 5. In the **Current Psychiatric Medications** field, enter the client's medications.
 - a. This field will remain when you tab to the next field.
- 6. In the Current Other Medications field, enter the client's non-psychiatric medications.a. This field will remain when you tab to the next field.
- 7. In the **Pre-Admission Medical Problems** field, enter the client's medical problems.
 - a. This field will remain when you tab to the next field.



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8. In the **Previous Hospitalization Subs Abuse** column fill in the circle that correctly describes whether your client has had substance abuse issues in previous hospital visits. Yes means that they have had previous substance abuse issues, No means they have not.



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e-Admission Presenting Psychiatric Problems		
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		-
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		▲ □⁄⁄
		2
		-
rrent Other Medications		
		▲ [)/
		-
e-Admission Medical Problems		
		~ [7
		•
Previous Hospitalization Subs Abuse		
Yes	O No	
ugs Of Choice		
		▲ [7)

- 9. In the **Drugs Of Choice** field, enter the client's preferred substance.
- 10. When the **Clinical Summary** tab is completed, click on the **Comments** tab on the far left side of the screen to continue.

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					10	

• Pre-Admit			
Demographics			
Client Demographics			
Alias			
• Clinical Summary			
• Comments			
Submit			

11. You will be taken to the **Pre-Admission Remarks/Comments** field. This is a free form field which will allow you to enter any additional comments as necessary to help the client.

Pre-Admit Demographics Client Demographics	Pre-Admission Remarks/Comments	
Alias • Clinical Summary		
• Comments		
Submit		·

12. When finished with the Comments section, and you are satisfied that all of the other information in all of the other tabs is complete and correct, click on the **Submit** button. The client's pre-admission data is recorded. You will now return to the Avatar home screen.

