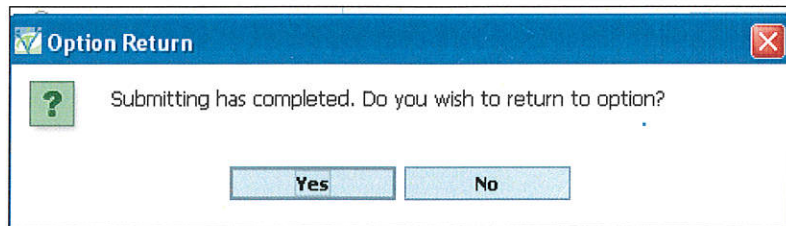




- **Co-Practitioner** – If another counselor participated in providing the service, enter the Counselor’s ID or last name and click the blue “Process Search” button. Select the Counselor from the list displayed.

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

The screenshot shows the Avatar PM software interface for an AOD Referral. The window title is "AVPMTEST (LIVE) - TESTONE, TEST (000930000)/AOD Referral". The menu bar includes "File", "Edit", "Favorites", "Avatar PM", "Avatar CWS", "Avatar MSO", and "Help". The toolbar shows "Page 1 of 2" and various navigation icons. The main content area is titled "TESTONE, TEST (000930000) Forward" and includes "Of Birth: 05/08/1962; Sex: Male".

Referral Information

Referral Date (Red text): 07/12/2012 (Month: 07, Day: 12, Year: 2012)

Client is to enroll by / Referral Expires by (Red text): 07/31/2012 (Month: 07, Day: 31, Year: 2012)

Client Name: TESTONE, TEST

Referral Type:

- Achieve 180
- Choices
- AB109
- Child Protective Services
- Physician Referral
- BASN
- Pathways
- Parole
- General Assistance
- Peer Program
- Adult Drug Court
- DUI
- Adult Probation
- CAL-Works
- Other
- Juvenile Drug Court
- DEJ
- Juvenile Probation
- Ryan White

Other: [Empty text field]

Level of Treatment referred to:

- Residential
- Outpatient
- Day Treatment
- Sober Living Environment
- Other

Other: [Empty text field]

Complete: AOD Referral | Chart Review | 8096:SVBHPROD1 | 07/12/2012 11:27 PM



“Referral Information” tab, Page 2 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.



My To Do List

- ▶ Sent: Tuesday June 19, 2012
- ▶ Sent: Thursday July 5, 2012
- ▶ **Sent: Tuesday July 10, 2012**
 - ▶ 09:42 PM AOD Referral TEST TESTONE (000930000) A USER-DEFINED:AODREF notification has been received. Sent By: INGALL BULL
- ▶ Sent: Wednesday July 11, 2012
- ▶ Sent: Thursday July 12, 2012

After double-clicking on the notification, the recipient will see a display similar to the screen shot below:

AVPMTST (LIVE) - TESTONE,TEST (000930000)/Review To Do Item

File Edit Favorites Avatar PM Avatar CWS Avatar MSO

Page 1 of 1

TESTONE,TEST (000930000)

Review To Do Item

To Do Information

Date Sent : 07/10/2012
Time Sent : 09:42 PM
Sent By : INGALL BULL
Option : AOD Referral

A USER-DEFINED:AODREF notification has been received.

Set To Do Item to Reviewed

Reviewed

View Detail

Click on the blue View Detail button to review the complete referral.




AOD Referral complete CB.rpt

1 / 1 85%

BusinessObjects

Preview

 **SAN MATEO COUNTY**
BEHAVIORAL HEALTH AND RECOVERY SERVICES

TESTONE,TEST (930000) Gender: ''
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 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 PO/Parole Agent: AOD_REFERRAL.referral_comments (String)
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.



AVPMTEST (LIVE) - TESTONE,TEST (000930000)/AOD Proof of Enrollment

File Edit Favorites Avatar PM Avatar CWS Avatar MSO Help

Page 1 of 2

TESTONE,TEST (000930000) Date Of Birth: 05/08/1962; Sex: Unknown

Proof of Enrollment

Referral Date: 07/12/2012

Client is to enroll by / Referral Expires by: 07/31/2012

Client Name: TESTONE,TEST

Level of Treatment referred to

- Residential
- Outpatient
- Day Treatment
- Sober Living Environment
- Other

Referral Information

Referral Type

- Achieve 180
- BASN
- Adult Drug Court
- Juvenile Drug Court
- Choices
- Pathways
- DUI
- DEJ
- AB109
- Parole
- Adult Probation
- Juvenile Probation
- Child Protective Services
- General Assistance
- CAL-Works
- Ryan White
- Physician Referral
- Peer Program
- Other

Program being referred to

- Free At Last
- El Centro de Libertad
- Project 90

- Asian American Recovery Services
- Sittike
- Our Common Ground

- Palm Detox
- Service League
- Women's Recovery Association

- Latino Commission
- StarVista
- Pyramid Alternatives

- OHS Occupational Health Service
- B.A.A.R.T.
- A.R.T.

Complete

AOD Proof of Enrollment | Chart Review | 8740:SVBHPROD1 | 07/13/2012 11:50 AM

The report of referral information will look similar to the screen shot below:




AOD Referral complete CB.rpt

1 / 1 85%

BusinessObjects

Preview



SAN MATEO COUNTY
BEHAVIORAL HEALTH AND RECOVERY SERVICES

TESTONE,TEST (930000) Gender: ' ' ' '
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 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 **PO:Parole Agent:** AOD_REFERRAL.referral_comments (String)
555-1212

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.

AVPMTEST (LIVE) - TESTONE, TEST (000930000)/AOD Proof of Enrollment

Page 2 of 2

TESTONE,TEST (000930000) Date Of Birth: 05/08/1962; Sex: Unknown

Proof of Enrollment

ENROLLMENT INFORMATION

Enrollment Date: 07/13/2012

Enrollment Status: Enrolled Not Enrolled

Enrollment Comments

Use the enrollment comments to document any information about the enrollment that should be communicated back to AOD Staff

Select AOD Staff and Finalize (Uncheck yourself from List / You will not be able to edit this form once saved as Final)

Send To

- INGALL BULL
- JEANNINE MEALEY
- JORGE MONT2

Draft / Final (Notification only sent with Final)

Draft Final

Complete

ADD Proof of Enrollment | Chart Review | 3092:SVBHPROD1 | 07/13/2012 11:25 AM

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

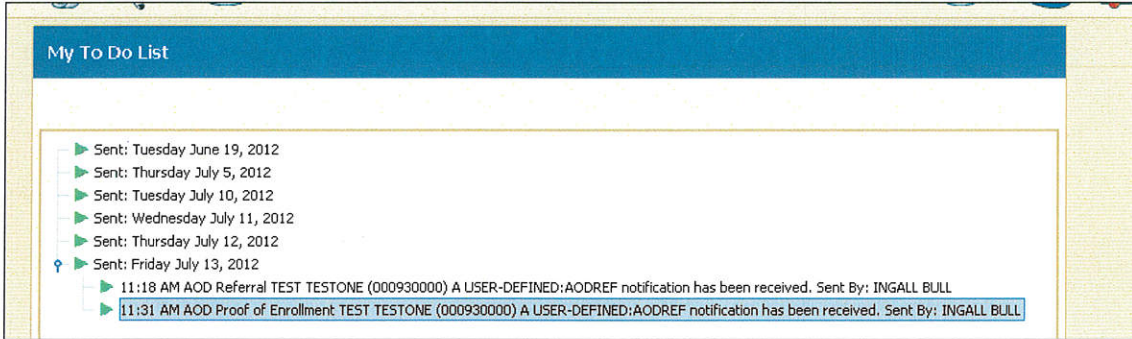
In the field “Draft / Final”, selecting **Draft** will save the form in its current state and will NOT send notifications to any provider. Saving an AOD Proof of Enrollment as Draft means you want to return to the form to edit it before sending the referral.

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 screen shot below:

 **SAN MATEO COUNTY**
BEHAVIORAL HEALTH AND RECOVERY SERVICES

TESTONE, TEST (930000) Gender: ..
1245 BYE STREET - INFO SCRIBER 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 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 PO/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.

AVPMTEST (LIVE) - TESTONE, TEST (000930000)/AOD Proof of Discharge

Page 1 of 2

TESTONE, TEST (000930000) Date Of Birth: 05/08/1962; Sex: Unknown

Proof of Discharge

Referral Date: 07/12/2012

Enrollment Date: 07/13/2012

Client Name: TESTONE, TEST

Referral Information

Referral Type:

- Achieve 180
- Choices
- AB109
- Child Protective Services
- Physician Referral
- BASN
- Pathways
- Parole
- General Assistance
- Peer Program
- Adult Drug Court
- DUI
- Adult Probation
- CAL-Works
- Other
- Juvenile Drug Court
- DEJ
- Juvenile Probation
- Ryan White

DISCHARGE INFORMATION

Date of Discharge: 07/13/2012

Discharge Status:

- Completed Program
- Referred/Transferred to Another Program
- Did Not Complete Program

Program Clients was Referred/Transferred:

- Free At Last
- Asian American Recovery Services
- Palm Detox
- Latino Commission
- OHS Occupational Health Service
- El Centro de Libertad
- Sitike
- Service League
- StarVista
- B.A.A.R.T.
- Project 90
- Our Common Ground
- Women's Recovery Association
- Pyramid Alternatives
- A.R.T.

Complete

9180:SVBHPROD1 07/13/2012 11:55 AM



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.

AVPMTEST (LIVE) - TESTONE, TEST (000930000)/AOD Proof of Discharge

File Edit Favorites Avatar PM Avatar CWS Avatar MSO Help

Page 2 of 2

TESTONE, TEST (000930000) Date Of Birth: 05/08/1962; Sex: Unknown

Proof of Discharge

of Positive U/A Results # of Negative U/A Results

Discharge Comments
Document any information abou the client discharge in this spaced

Select AOD Staff to Notify and Fianlize (You will not be able to edit this form after it is saved as Final)

Send To

- INGALL BULL
- JEANNINE MEALEY
- JORGE MONT2

Draft / Final (Notification only sent with Final)

Draft Final

Complete

AOD Proof of Discharge Chart Review 9180:SVBHPROD1 07/13/2012 12:04 PM