

SUD Access Training (updated 2022)

Fresno County DBH Quality Improvement

Before you begin

- Why?

- The ASAM LOC Form, SUD Access Form, and SUD Missed Appointment Entry Forms are used primarily for tracking purposes to ensure the DMC- ODS programs are responding to beneficiary SUD service needs in a timely manner.
- The data collected is also used to help inform decisions about timely access to services, resource allocation, and reporting. This includes reports to the annual External Quality Review Organization (EQRO).

- Is this person in Avatar?

- Use “Clients Search Box” on Avatar **to find** if person served using Name or DOB:
 - If person served is a *returning* person served. The person served has a patient ID #:
 - Add the form
 - If person served is *new* to Avatar:
 - The following forms would be used to open the person served on Avatar as a **lite admit** to then add a Form:
 - **Admission (Outpatient) form** (Assigns Patient ID # and used to add Financial Episode)→**ASAM LOC Form, Access Form or Missed Appointment Entry Form**

SUD ASAM LOC FORM

Adding a New SUD ASAM LOC Form

- To add a form you will need to type out the name of the form in the Search Forms field. In this case you type SUD ASAM LOC.
- Once you double click SUD ASAM LOC Form you will have to locate your program in AVATAR using your program number including the hyphen (cannot use program name) ex. 123456-
- When Program populates in Results, **select** your program with exact level of care

The screenshot shows the 'Forms & Data' interface. On the left, there is a 'My Forms' list containing items like 'Access SUD', 'SUD ASAM LOC', 'All Service Codes Download', 'SUD Program List', 'Core Assessment', 'Fresno Treatment Plan', 'Fresno Treatment Plan Viewer', 'Access', and 'Client Referrals'. Below this is a 'Recent Forms' section. A 'Search Forms' window is open, showing a search bar with 'SUD ASAM' entered. Below the search bar, a table lists search results.

Form	Menu Path
Fresno County SUD ASAM Screening	Avatar CWS / SUD
Fresno County SUD ASAM Screening Viewer	Avatar CWS / SUD
Fresno SUD ASAM Adult Assessment Viewer	Avatar CWS / SUD
Fresno County SUD ASAM Adolescent Assessment	Avatar CWS / SUD
SUD ASAM Adolescent Assessment Viewer	Avatar CWS / SUD
SUD ASAM LOC	Avatar PM / Client Management
SUD ASAM LOC Report (Providers)	Avatar PM / Client Management
SUD ASAM LOC Deletion	Avatar PM / Client Management

The screenshot shows the 'Select Program' window. At the top, there is a search bar with '101079-' entered. Below the search bar, a 'Results' section displays a list of programs.

Results
101079-1.0-Westcare Belmont (101079-1.0)
101079-2.1-Westcare Belmont (101079-2.1)
101079-RS-Westcare Belmont (101079-RS)

HOW TO COMPLETE THE SUD ASAM LOC FORM

- All Fields in **RED** are required for form to submit
- You can exit out of this form at any time by clicking on the **red X** found on the left side of form.
- **Is this a returning client?** This is the first field to complete. If you are not sure if this is a returning client, you can search the client by their name or Patient ID number. If this is a new person served, you will need their First name, Last name, and DOB. Enter the Medi-Cal Client Index Number if you have it.
- **Date of Screening Assessment:** Click **T** for today, **Y** for Yesterday, or you can type out the request date in the box. The calendar icon in the upper right of the white box can also be used to select a date.
- **Type of Screen/Assessment:** Indicate if this ASAM information is from a Brief Initial Screen, Initial Assessment or Follow-up Assessment.

The screenshot displays the 'SUD ASAM LOC' web form. On the left is a sidebar with a 'Submit' button and several icons, including a red 'X' for exiting. The main form area contains the following fields and options:

- Is this a returning client?**: Radio buttons for 'Yes' and 'No'.
- Name and PATID**: A text input field with a search icon.
- Client First Name**: A text input field.
- Client Last Name**: A text input field.
- Medi-Cal Client Index Number**: A text input field.
- Client Date of Birth**: A date selection field with 'T' (Today) and 'Y' (Yesterday) buttons.
- Date of Screening Assessment**: A date selection field with 'T' (Today) and 'Y' (Yesterday) buttons.
- Type of Screen/Assessment**: Radio buttons for 'Brief Initial Screen', 'Initial Assessment', and 'Follow-up Assessment'.

HOW TO COMPLETE THE SUD ASAM LOC FORM ...

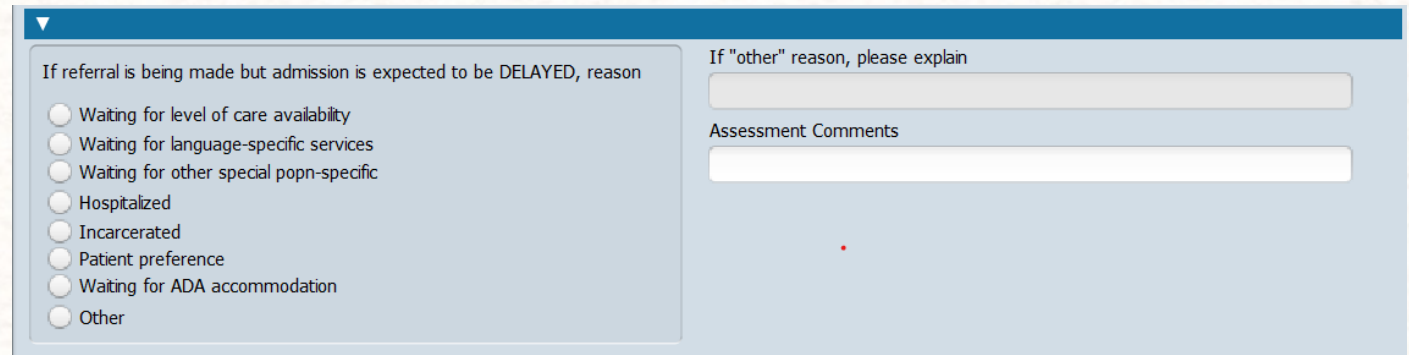
- **Indicated Level of Care/ WM:** Indicate the level of Care that the ASAM Screening or Assessment resulted in. If there are additional levels of care/WM, indicate them in the second and third columns.
- **Actual LOC/WM placement decision:** Indicate the LOC/WM that the person served was placed. If an additional placement was made, mark it in the second column.
 - If there is a difference between the Indicated LOC identified in the screening/assessment and the Actual LOC person served is placed, mark the reason for the difference in the third column. If reason is Other, please explain. If no difference mark Not applicable- no difference.

Indicated Level of Care/WM			Additional Indicated Level of Care/WM, if any			Additional Indicated Level of Care/WM, if any		
<input type="radio"/> None	<input type="radio"/> Narcotic Tx Program/Opiate Tx Pgm	<input type="radio"/> 0.5 Early Intervention	<input type="radio"/> None	<input type="radio"/> Narcotic Tx Program/Opiate Tx Pgm	<input type="radio"/> 0.5 Early Intervention	<input type="radio"/> None	<input type="radio"/> Narcotic Tx Program/Opiate Tx Pgm	<input type="radio"/> 0.5 Early Intervention
<input type="radio"/> 1 Outpatient	<input type="radio"/> 2.1 Intensive Outpatient	<input type="radio"/> 2.5 Partial Hospitalization	<input type="radio"/> 1 Outpatient	<input type="radio"/> 2.1 Intensive Outpatient	<input type="radio"/> 2.5 Partial Hospitalization	<input type="radio"/> 1 Outpatient	<input type="radio"/> 2.1 Intensive Outpatient	<input type="radio"/> 2.5 Partial Hospitalization
<input type="radio"/> 3.1 Clinically Managed Low-Intens Res	<input type="radio"/> 3.3 Clinically Managed Popn_Spec Hi	<input type="radio"/> 3.5 Clinically Managed High-Int Res S	<input type="radio"/> 3.1 Clinically Managed Low-Intens Res	<input type="radio"/> 3.3 Clinically Managed Popn_Spec Hi	<input type="radio"/> 3.5 Clinically Managed High-Int Res S	<input type="radio"/> 3.1 Clinically Managed Low-Intens Res	<input type="radio"/> 3.3 Clinically Managed Popn_Spec Hi	<input type="radio"/> 3.5 Clinically Managed High-Int Res S
<input type="radio"/> 3.7 Medically Man Inten IP Services	<input type="radio"/> 4 Medically Managed Inten IP Svs	<input type="radio"/> 1-WM Amb WM w/o Ext Onsite Mo	<input type="radio"/> 3.7 Medically Man Inten IP Services	<input type="radio"/> 4 Medically Managed Inten IP Svs	<input type="radio"/> 1-WM Amb WM w/o Ext Onsite Mo	<input type="radio"/> 3.7 Medically Man Inten IP Services	<input type="radio"/> 4 Medically Managed Inten IP Svs	<input type="radio"/> 1-WM Amb WM w/o Ext Onsite Mo
<input type="radio"/> 2-WM Amb WM w/ Extend Onsite	<input type="radio"/> 3.2-WM Clinically managed Res WM	<input type="radio"/> 3.7-WM Medically Monitored IP WM	<input type="radio"/> 2-WM Amb WM w/ Extend Onsite	<input type="radio"/> 3.2-WM Clinically managed Res WM	<input type="radio"/> 3.7-WM Medically Monitored IP WM	<input type="radio"/> 2-WM Amb WM w/ Extend Onsite	<input type="radio"/> 3.2-WM Clinically managed Res WM	<input type="radio"/> 3.7-WM Medically Monitored IP WM
<input type="radio"/> 4-WM Medically managed IP WM			<input type="radio"/> 4-WM Medically managed IP WM			<input type="radio"/> 4-WM Medically managed IP WM		

Actual LOC/WM placement decision			Additional Actual Level of Care/WM placement decision, if any			If Actual LOC/WM was not among those Indicated, reason for difference		
<input type="radio"/> None	<input type="radio"/> Narcotic Tx Program/Opiate Tx Pgm	<input type="radio"/> 0.5 Early Intervention	<input type="radio"/> None	<input type="radio"/> Narcotic Tx Program/Opiate Tx Pgm	<input type="radio"/> 0.5 Early Intervention	<input type="radio"/> Not applicable - no difference	<input type="radio"/> Clinical Judgement	<input type="radio"/> Lack of insurance/payment source
<input checked="" type="radio"/> 1 Outpatient	<input type="radio"/> 2.1 Intensive Outpatient	<input type="radio"/> 2.5 Partial Hospitalization	<input type="radio"/> 1 Outpatient	<input type="radio"/> 2.1 Intensive Outpatient	<input type="radio"/> 2.5 Partial Hospitalization	<input type="radio"/> Legal Issues	<input type="radio"/> Level of care not available	<input type="radio"/> Managed care refusal
<input type="radio"/> 3.1 Clinically Managed Low-Intens Res	<input type="radio"/> 3.3 Clinically Managed Popn_Spec Hi	<input type="radio"/> 3.5 Clinically Managed High-Int Res S	<input type="radio"/> 3.1 Clinically Managed Low-Intens Res	<input type="radio"/> 3.3 Clinically Managed Popn_Spec Hi	<input type="radio"/> 3.5 Clinically Managed High-Int Res S	<input type="radio"/> Patient preference	<input type="radio"/> Geographic accessibility	<input type="radio"/> Family responsibility
<input type="radio"/> 3.7 Medically Man Inten IP Services	<input type="radio"/> 4 Medically Managed Inten IP Svs	<input type="radio"/> 1-WM Amb WM w/o Ext Onsite Mo	<input type="radio"/> 3.7 Medically Man Inten IP Services	<input type="radio"/> 4 Medically Managed Inten IP Svs	<input type="radio"/> 1-WM Amb WM w/o Ext Onsite Mo	<input type="radio"/> Language	<input type="radio"/> Used two residential stays in a year	<input type="radio"/> Other
<input type="radio"/> 2-WM Amb WM w/ Extend Onsite	<input type="radio"/> 3.2-WM Clinically managed Res WM	<input type="radio"/> 3.7-WM Medically Monitored IP WM	<input type="radio"/> 2-WM Amb WM w/ Extend Onsite	<input type="radio"/> 3.2-WM Clinically managed Res WM	<input type="radio"/> 3.7-WM Medically Monitored IP WM	If "other" reason, please explain		
<input type="radio"/> 4-WM Medically managed IP WM			<input type="radio"/> 4-WM Medically managed IP WM			<input type="text"/>		

HOW TO COMPLETE THE SUD ASAM LOC FORM ...

- **If referral is being made but admission is expected to be DELAYED, reason:** If there is an expected delay in admission, indicate the reason. If reason is Other, please explain in provided field box.
- **Assessment Comments:** Optional field. Add any relevant comments here; please be mindful not to enter protected health information.
- **Submitting the form:** Once the form is deemed complete, click Submit button on upper left side of the form to finalize/submit the form.



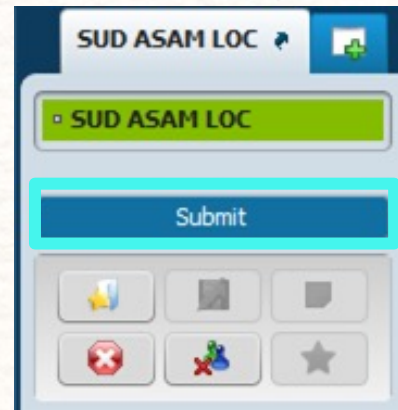
▼

If referral is being made but admission is expected to be DELAYED, reason

- ☐ Waiting for level of care availability
- ☐ Waiting for language-specific services
- ☐ Waiting for other special popn-specific
- ☐ Hospitalized
- ☐ Incarcerated
- ☐ Patient preference
- ☐ Waiting for ADA accommodation
- ☐ Other

If "other" reason, please explain

Assessment Comments



SUD ASAM LOC

SUD ASAM LOC

Submit

Icons: Star, Document, Speech bubble, Error, Success, Star

SUD ACCESS FORM

When is an Access Form opened?

- Access SUD form is opened for ALL persons served regardless of level of care, county of residence, or payor source.
- An access SUD form is **opened** at each new service initiation of the intake process (as soon as a person served requests services) at all entry points (Contracted SUD provider, county-operated program, etc.)
- Person served is brand new (does not have an Avatar ID)
- **URGENT request**

Add an Access SUD form if person served request is deemed **urgent** even if the person served is currently admitted to a SUD program and already has a SUD Access Form previously entered as a “Non-Urgent” service request. Urgent is when an “Urgent condition means “Priority populations, such as pregnant IV drug users, pregnant or parenting users, and IV drug users who have an urgent need for treatment within 48 hours from the time of request”.

When is an Access Form opened continued...?

- If your program has completed a SUD Access Form and person served returns **after** 14 calendar days or more for any LOC (Level of Care) or 3 days or more for NTP/OTPs.
- **NTP/OTP's Providers only**: If person served is currently receiving services from a provider in any LOC and person served is requesting **MAT services**, NTP/OTP's must add a SUD Access Form.
- If your program sees a person served and that person served does not meet your LOC, you must open an access form and the program that you refer person served to must also open an access form.
- When a person served **accepts** or **denies** services after referral is made by a third party (e.g. Probation, DSS, school, etc.)
- When person served transitions to a higher or lower level of care
 - Examples:
 - DTOX → NTP/OTP
 - Residential ↔ IOP or OP
 - WM ↔ Residential or IOP or OP

Probation and Third-Party Referrals

- Access forms for Court ordered, 3rd party referrals or probation “re-referrals” are to be opened the **DAY** *actual contact* is made **with** person served.
- The person served may **refuse** or **accept** an appointment date.

Medical Clearances

- 1) If person served is having severe withdrawal symptoms and is sent to crisis services (specifically ER):
 - Mark Yes on Urgent and Disposition is Referred to Crisis Services.
- 2) Person served does not present withdrawal symptoms but still needs to get a medical clearance before services can be offered (including a screening) and person served has a primary care physician:
 - Mark No on Urgent and Disposition is Referred to PCP/Health Plan .
- 3) Person served does not present withdrawal symptoms but still needs to get a medical clearance before services can be offered (including a screening) and person served does not have a PCP/Health Plan and is referred to the ER:
 - Mark No on Urgent and Disposition is Referred to Crisis Services.
 - PLEASE DOCUMENT IN COMMENTS SECTION OF THE FIRST PAGE OF THE ACCESS FORM THAT REASON IS FOR MEDICAL CLEARANCE.

Breaking Down the Access Form

1. Input Tab
2. Administration Tab (This tab will not be completed by providers. Please skip.)
3. Contact Attempts Tab (Document the effort to offer the 1st appointment)

NOTE: Any field in **RED** in Avatar is required and form will not submit unless the red fields are completed.

Access SUD Form-Input Tab

Request Date: The date person served is requesting services. Click **T** for today, **Y** for Yesterday or you can manually enter the request date in the box. The calendar icon in the upper right of the white box can also be used to select a date.

Program Initiating the Service Request: Type in your SUD program name or number as the program where person served is initiating the service request.

3) Staff Initiating This Service Request: This is the staff person entering info into the Access Form. Type your name here and double click.

The screenshot shows the 'Access SUD' form interface. The top navigation bar includes 'Chart', 'Access SUD', and a plus icon. The left sidebar contains a menu with 'Input' (highlighted), 'Administration Only', and 'Contact Attempts'. The 'Input' section includes 'Appointment and Contact', 'Appointment Offered', 'Initial Contact Attempt', 'Second Contact Attempt', and 'Third Contact Attempt'. A 'Submit' button is located below the sidebar. The main form area contains several fields: 'Request Date' (with a text box, 'T' button, 'Y' button, and calendar icon), 'Closed Out' (with a 'Lock' checkbox), 'Program Initiating this Service Request' (with a text box and search icon), 'Staff Initiating this Service Request' (with a text box and search icon), 'Refused Service' (with 'Yes' and 'No' radio buttons), 'Urgent' (with 'Yes' and 'No' radio buttons), and 'Type of Request' (with 'Phone', 'Writing', 'In-Person', and 'Other' radio buttons). A 'Type Other' text box is located to the right of the 'Type of Request' radio buttons. Three callout boxes with arrows point to the 'Request Date', 'Program Initiating this Service Request', and 'Staff Initiating this Service Request' fields, providing instructions on how to use them.

Access SUD Form-Input Tab

The screenshot shows a web form for 'Access SUD Form-Input Tab'. The form includes the following fields and controls:

- Request Date:** A date selection field with a calendar icon and buttons for 'T', 'Y', and a dropdown arrow.
- Closed Out:** A checkbox labeled 'Lock' with a red arrow pointing to it from a text box on the right.
- Program Initiating this Service Request:** A text input field with a search icon.
- Staff Initiating this Service Request:** A text input field with a search icon.
- Refused Service:** A section with two radio buttons: 'Yes' and 'No'. A red arrow points to this section from a text box on the left.
- Urgent:** A section with two radio buttons: 'Yes' and 'No'. A red arrow points to this section from a text box on the left. A lightbulb icon is present to the right of the 'No' button.
- Type of Request:** A section with four radio buttons: 'Phone', 'Writing', 'In-Person', and 'Other'. A red arrow points to the 'Phone' button from a text box at the bottom. To the right of the 'Other' button is a lightbulb icon and the text 'Type Other'.
- Type Other:** A text input field located to the right of the 'Type of Request' section.

Closed Out: This closes the **Access Form**. In order to submit the form you MUST click "Lock". In a few slides, we will revisit this button once the contact attempts tab is completed.

Refused Service: Did parent/person served refuse the service? If you do not have enough information to make this decision, click **No**. If the person served/parent/guardian later changes his/her mind, you can email QI to change to **Yes**.

Urgent: Click Yes or No. Use clinical judgment based on definition of **Urgent** (click lightbulb icon for definition). When Yes is marked, an **URGENT** Prompt box will come up. Be attentive as you check this box.

Type of Request: How did the person served initiate the request? Mark one only.

- **Phone** (24 hour Access Line or DBH entry/access point front desk).
- **Writing** (Letter or email referral).
- **In-Person**
- **Other.** **Type Other:** If you select 'Other', the **Type Other** line right next to 'Other' will open up. Please specify the reason **Other** was marked in the text box.

Disposition Section: Non-SUD

Disposition Non-SUD Definitions:

1. **Referred to Crisis Services** (Crisis Stabilization Center or ER)
2. **Referred to MHP Provider:** This option is selected when the person served is referred to a Mental Health Plan provider. Selecting this opens the **MHP Program Referred To** box located on the right side of the form.
3. **Referred to Community Resources:** This option is for a referral to any community agency (E.g. Alcoholics Anonymous)
4. **Referred to PCPs/Health Plan:** This option is selected when the person served is referred to their Primary Care Provider or to their health plan. *This includes all managed care plans including Anthem and CAL VIVA.*
5. **Not an SUD request.** This would be for a scenario that may rarely occur where after the screening and Intake process are completed, the request was not meant for a SUD service request to begin with.
6. **Other** (If this is selected the **Other Disposition** box will open up; please specify disposition in this box.)
 - “Other” would be marked when the form was opened and found out later that person served was just seeking information from the provider such as hours, location, etc.
 - Do not select ‘Other’ when you know at that moment, the Service Request will result in an appointment/service.

Disposition Non-SUD

- ☐ Referred to Crisis Services
- ☐ Referred to MHP Provider
- ☐ Referred to Community Resources
- ☐ Referred to PCPs/Health Care Plan
- ☐ Not an SUD Request
- ☒ Other

MHP Program Referred to: Enter mental health plan program name or number you are referring person served to.

MHP Program Referred To

Other Disposition

Disposition Section: SUD

Disposition Non-SUD Definitions:

For the following fields, you would enter the substance use program name or number you are referring person served to. This maybe your own substance use program name/number if your program does an initial service such as ASAM screening or assessment. Thus, if a person served will be receiving an ASAM screening at your facility, input your program name.

1. **Referred to SUD-WM Program** This option is selected when the person served is referred to a Withdrawal Management SUD provider
2. **Referred SUD-Others (OP, IOT, Res) Program:** This option is selected when the person served is referred to an SUD provider in Outpatient, Intensive Outpatient, or Residential Level of Care. Selecting this opens the **Select the SUD-Others (OP, IOT, Res) Program:** (located on the right side of the form).
3. **Referred to SUD-MAT-NTP Program:** Please select this if person served is requesting or is referred to MAT services at a NTP (Narcotic Treatment Program) **also complete** the corresponding field **Select the SUD-MAT-NTP Program** to specify which provider person served will be going to for MAT services.
4. **Referred to SUD-MAT-Non-NTP Program:** Please select this if person served is requesting or is referred to MAT services at a provider that is not NTP (Narcotic Treatment Program) **also complete** the corresponding field **Select the SUD-MAT-Non-NTP Program** to specify which Non-NTP provider person served will be going to for MAT services.

The image shows a screenshot of a form titled "Disposition SUD". It contains four radio button options:

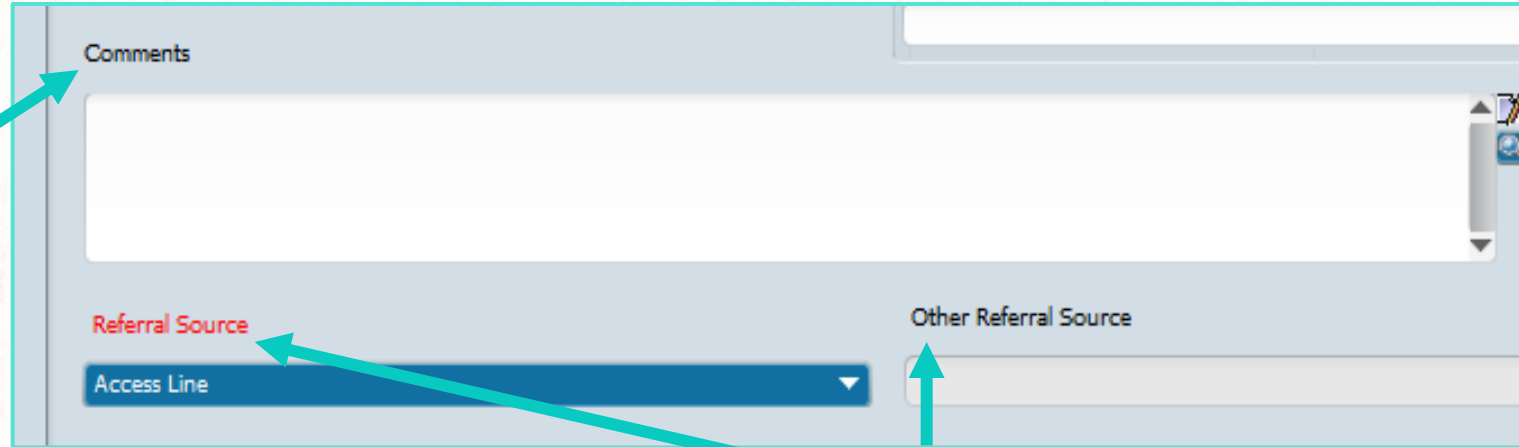
- ☐ Referred to SUD-WM Program
- ☐ Referred to SUD-Others (OP, IOT, Res) Program
- ☐ Referred to SUD-MAT-NTP Program
- ☒ Referred to SUD-MAT-Non-NTP Program

Four red arrows point from these options to a larger form on the right. The larger form has four corresponding fields, each with a label and a text input box:

- Label: "Select the SUD-WM Program" (corresponds to the first option)
- Label: "Select the SUD-Others (OP, IOT, Res) Program" (corresponds to the second option)
- Label: "Select the SUD-MAT-NTP Program" (corresponds to the third option)
- Label: "Select the SUD-MAT-Non-NTP Program" (corresponds to the fourth option, which is highlighted in red in the original image)

Comments and Referral Source

Comments: Document any additional information, if applicable. Here you can type in any information you may want a fellow staff member to know in case they follow up with that person served. **NO PATIENT SPECIFIC INFO please** (e.g. Diagnosis, current medications prescribed, etc.)



The screenshot shows a form interface. At the top is a large text area labeled 'Comments'. Below it is a section titled 'Referral Source' in red text. Under 'Referral Source' is a blue dropdown menu currently showing 'Access Line'. To the right of the dropdown is a label 'Other Referral Source' above a light gray text input field. Two red arrows point from the text boxes to the form: one from the 'Comments' text box to the 'Comments' text area, and another from the 'Referral Source (Drop Down)' text box to the 'Referral Source' dropdown menu.

Referral Source (Drop Down):

Who is referring the person served for services?

*****PLEASE SEE HAND OUT*****

Select One:

- Access Line, Self, Family Member, Emergency Room, Social Services Agency, Substance Abuse Treatment Facility / Agency, Probation/Parole, Jail / Prison, etc.
- **Other referred**

When **Other referred** is selected the other “**Other Referral Source**” box will open.

Contact Attempts Tab

Only attempts to secure the FIRST offered and accepted appointments are recorded on Access Form. Attempts would result in 3 possible scenarios:
Person served accepting a date, refusing services, or unable to contact.

Do NOT record any Rescheduling on Contact Attempts Tab.

Do NOT Use the Access Form for the purposes of tracking No Shows and Cancellations.

2) First Appointment Accepted: Enter the date of the first appointment accepted by person served/parent/guardian. This date may be the same as the First Appointment Offered date if the person served accepted the first appointment offered. This date would differ when the person served accepts a different date than the first appointment offered. When a same day service is offered, the First Appointment Accepted would be the same date.

3) Unable to Schedule Appointment at this time: If the appointment is unable to be scheduled (possibly due to a disconnected number, being unable to schedule at the time of contact, etc.) please check this box.

1) First Appointment Offered: Enter the date of the first appointment offered to person served/parent/guardian. This can be done by using the calendar icon, manually entering the date or clicking T for today, Y for Yesterday. For programs that usually provide same day service, the First Appointment Offered would be the same date.

The screenshot shows a web form titled "Appointment and Contact Attempts". Below the title is a blue header bar with the text: "This tab is only used for connecting a client to a first offered appointment. It is not to be used for rescheduling. Please record the first three contact attempts over 14 days. Do not record multiple contact attempts occurring on the same day." Below this is a section titled "Appointment Offered" which contains three input fields: "First Appointment Offered", "First Appointment Accepted", and "Unable to Schedule Appt. at this time". Each of the first two fields has a calendar icon, a "T" button for today, and a "Y" button for yesterday. Below these fields is a "Comments" section with a text area and a search icon. Four red arrows point from the text boxes to the form: one to the "First Appointment Offered" field, one to the "First Appointment Accepted" field, one to the "Unable to Schedule Appt. at this time" checkbox, and one to the "Comments" text area.

4) Comments Box: Enter comments/notes from a contact attempt made to schedule the FIRST appointment with the person served. This may also be used for an administrative purpose.

Contact Attempts Tab

Initial Contact Attempt

First Attempt Date
[Date Picker] T Y [Time Picker]

First Attempt Time
[Time Picker] Current H M AM/PM [Time Picker]

First Attempt by
[Text Field]

Comments
[Text Area]

☐ Unable to Contact

☐ Lock

Second Contact Attempt

Second Attempt Date
[Date Picker] T Y [Time Picker]

Second Attempt Time
[Time Picker] Current H M AM/PM [Time Picker]

Second Attempt by
[Text Field]

Comments
[Text Area]

☐ Unable to Contact

☐ Lock

Contact attempt (3 attempts) Definitions:

Contact attempts are used for administrative tracking of the provider's effort for offering person served a first appointment date. This would result in person served accepting a date, refusing services, or unable to contact. This tab allows tracking for up to 3 attempts. For programs that usually provide same day service or are able to offer person served an appointment at the time of the request for services, this section would be omitted.

Third Contact Attempt

Third Attempt Date
[Date Picker] T Y [Time Picker]

Third Attempt Time
[Time Picker] Current H M AM/PM [Time Picker]

Third Attempt by
[Text Field]

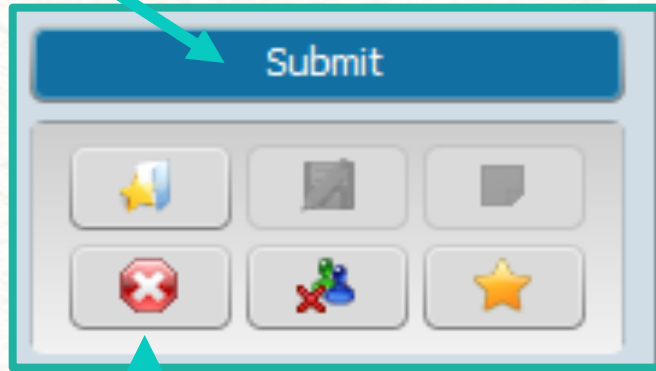
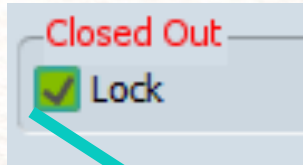
Comments
[Text Area]

☐ Unable to Contact

☐ Lock

- **First Attempt Date:** Enter the date of first person served contact attempt here. This is your first follow up attempt to connect with person served to offer his/her first appointment.
- **First Attempt Time:** Enter the time that the first person served contact attempt was made.
 - Use Current Button to autofill the current time or use the arrows to move H (Hours) or M (Minutes). You can also manually type in the time.
- **First Attempt By:** Enter your name here by searching for it using first or last name. Double click on name or press "Enter".
- **Comments:** Add any comments/details about the call here. This allows you to keep a brief note for future reference or a communication tool in case another staff person will be making the second attempt to connect with this person served and offer a first appointment.
- **Unable to Contact:** person served never returned phone call, phone is disconnected, etc.
- **Lock:** This locks the individual contact attempt and will be filed once the form is submitted. **You cannot unlock the recorded contact attempt once the form is submitted.**
- **Second and Third Contact Attempts Tabs:** The same steps as the First Attempt Date, Time, Attempt by, and Comments above should be followed for each contact attempt. These attempts are only to be used if the first contact attempt did not result in offering person served a FIRST appointment.

Closing and Submitting the SUD Access Form



You can exit out of the form or any forms in AVATAR at any time by clicking on this button.
NOTE: The form will not be saved if you exit.

SUD Access Form is deemed complete when a person served either:

1. Accepted an offered appointment date for a service
2. Refused the service
3. Edits are Only for **Non-Urgent** Request
















Once the Access Form (both tabs) is deemed complete, go back to Input Tab. To submit the form, "**Closed Out: Lock**" must be clicked. This will lock the **entire form**.

If you need to change any information on a "Submitted" Access form you will need to **Contact QI** at

dbhqualityimprovement@fresnocountyca.gov

Access Form Examples

Access Form where person served will be receiving services at the same program where person served was screened

Request Date 02/04/2022    		Closed Out <input type="checkbox"/> Lock	
Program Initiating this Service Request 101044-1.0-Promesa 			
Staff Initiating this Service Request Mayra Rosel-Bucio, LMFT (MROSELBUCIO) 			
Refused Service <input type="radio"/> Yes <input checked="" type="radio"/> No			
Urgent <input type="radio"/> Yes <input checked="" type="radio"/> No 			
Type of Request <input checked="" type="radio"/> Phone <input type="radio"/> Writing <input type="radio"/> In-Person <input type="radio"/> Other 			
Disposition Non-SUD <input type="checkbox"/> Referred to Crisis Services <input type="checkbox"/> Referred to MHP Provider <input type="checkbox"/> Referred to Community Resources <input type="checkbox"/> Referred to PCPs/Health Care Plan <input type="checkbox"/> Not an SUD Request <input type="checkbox"/> Other		Type Other <input type="text"/>	
Disposition SUD <input type="checkbox"/> Referred to SUD-WM Program <input checked="" type="checkbox"/> Referred to SUD-Others (OP, IOT, Res) Program <input type="checkbox"/> Referred to SUD-MAT-NTP Program <input type="checkbox"/> Referred to SUD-MAT-Non-NTP Program		MHP Program Referred To <input type="text"/> 	
Comments Person served was screened and met criteria for OP treatment. 		Other Disposition <input type="text"/>	
Referral Source Access Line 		Select the SUD-WM Program <input type="text"/> 	
		Select the SUD-Others (OP, IOT, Res) Program 101044-1.0-Promesa 	
		Select the SUD-MAT-NTP Program <input type="text"/> 	
		Select the SUD-MAT-Non-NTP Program <input type="text"/> 	
Other Referral Source <input type="text"/>			

Access Form where person served transitions from a lower level of care to a higher level of care

Request Date 02/04/2022 T Y		Closed Out <input type="checkbox"/> Lock	
Program Initiating this Service Request 101003-DTX-AEGIS Detox			
Staff Initiating this Service Request Mayra Rosel-Bucio, LMFT (MROSELBUCIO)			
Refused Service <input type="radio"/> Yes <input checked="" type="radio"/> No			
Urgent <input type="radio"/> Yes <input checked="" type="radio"/> No			
Type of Request <input type="radio"/> Phone <input type="radio"/> Writing <input checked="" type="radio"/> In-Person <input type="radio"/> Other			
Disposition Non-SUD <input type="checkbox"/> Referred to Crisis Services <input type="checkbox"/> Referred to MHP Provider <input type="checkbox"/> Referred to Community Resources <input type="checkbox"/> Referred to PCPs/Health Care Plan <input type="checkbox"/> Not an SUD Request <input type="checkbox"/> Other		Type Other MHP Program Referred To Other Disposition 	
Disposition SUD <input type="checkbox"/> Referred to SUD-WM Program <input type="checkbox"/> Referred to SUD-Others (OP, IOT, Res) Program <input checked="" type="checkbox"/> Referred to SUD-MAT-NTP Program <input type="checkbox"/> Referred to SUD-MAT-Non-NTP Program		Select the SUD-WM Program Select the SUD-Others (OP, IOT, Res) Program Select the SUD-MAT-NTP Program 101003-OTP-AEGIS Select the SUD-MAT-Non-NTP Program	
Comments Person served changed level of care from Detox to maintenance.			
Referral Source Access Line		Other Referral Source	

Person served being
referred out to a Level of
Care offered through a
Managed Care Plan

Request Date 02/03/2022	Closed Out <input type="checkbox"/> Lock
Program Initiating this Service Request 106223-1.0-Turning Point - First Street	
Staff Initiating this Service Request Mayra Rosel-Bucio, LMFT (MROSELBUCIO)	
Refused Service <input type="radio"/> Yes <input checked="" type="radio"/> No	
Urgent <input type="radio"/> Yes <input checked="" type="radio"/> No	
Type of Request <input checked="" type="radio"/> Phone <input type="radio"/> Writing <input type="radio"/> In-Person <input type="radio"/> Other	
Disposition Non-SUD <input type="checkbox"/> Referred to Crisis Services <input type="checkbox"/> Referred to MHP Provider <input type="checkbox"/> Referred to Community Resources <input checked="" type="checkbox"/> Referred to PCPs/Health Care Plan <input type="checkbox"/> Not an SUD Request <input type="checkbox"/> Other	Type Other MHP Program Referred To <input type="text"/>
Disposition SUD <input type="checkbox"/> Referred to SUD-WM Program <input type="checkbox"/> Referred to SUD-Others (OP, IOT, Res) Program <input type="checkbox"/> Referred to SUD-MAT-NTP Program <input type="checkbox"/> Referred to SUD-MAT-Non-NTP Program	Other Disposition <input type="text"/> Select the SUD-WM Program <input type="text"/> Select the SUD-Others (OP, IOT, Res) Program <input type="text"/> Select the SUD-MAT-NTP Program <input type="text"/> Select the SUD-MAT-Non-NTP Program <input type="text"/>
Comments Person served was screened and referred out to 4.0 LOC. Clinician called CAL VIVA at 1-800-XXXX and spoke to Maria from CAL VIVA with Person served present who scheduled Person served first appointment for 2/7 at [4.0 LOC Name of Facility] in Kern County.	
Referral Source Access Line	Other Referral Source <input type="text"/>

SUD Missed Appointment Entry Form

SUD Missed Appointment Entry Form: Service Codes

- All service codes below are entered using the SUD Missed Appointment Entry Form in Avatar under the respective program
- These are non-billable codes and are only used for tracking
- Do NOT Use the Access Form for the purposes of tracking No Shows and Cancellations.

You can choose to document this prior to submitting an access form by adding it to the comments box on the input tab. You will still need to enter that No Show or Cancellation using the SUD Missed Appointment Entry Form.

Missed Appointment Type:	SCREENING Codes:	ASAM ASSESSMENT Codes:	Appointment with a MD, PA, or NP Codes:	Any other service NOT captured by the ASSESS, F9000, or PSYCH codes:
Cancellation by person served	F9000C	ASSESSC	PSYCHC	OPC
No Show	F9000N	ASSESSN	PSYCHN	OPN
Cancellation by Practitioner	F9000P	ASSESSP	PSYCHP	OPP

SUD Missed Appointment Entry Form

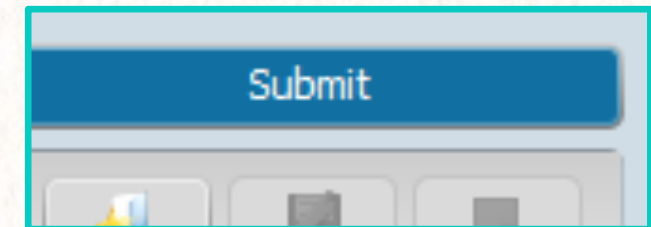
Service Date: Date of missed appointment. Click **T** for today, **Y** for Yesterday or you can manually enter the missed appointment date in the box. The calendar icon in the upper right of the white box can also be used to select a date

Program: Enter your complete 6-digit program number and select the correct level of care.

Service Code: Enter No Show, Cancellation, or Practitioner Cancel service code.

The screenshot shows the 'SUD Missed Appointment Entry' form. It has a top navigation bar with 'Chart' and a plus icon. Below is an 'Input' section with a 'Submit' button and three icons (star, trash, star). The form fields are: 'Service Date' with a text box containing '07/28/2021', a calendar icon, and buttons 'T' and 'Y'; 'Program' with a text box containing '101071' and a dropdown menu showing '101071-1.0' and '101071-2.1'; 'Service Code' with a text box containing 'ASSESS' and a dropdown menu showing 'ASSESSC', 'ASSESSN', and 'ASSESSP'. At the bottom, there are navigation buttons '<= Previous 25', '1 through 3 of 3', and 'Next 25 =>'.

To submit form
click on blue
SUBMIT button



QUESTIONS



Thank you!

Contact information:

- Karina Luna, LMFT
- Email: kluna@fresnocountyca.gov
- Phone: 559-614-4025
- Ryan Moench, Sr. Substance Abuse Specialist
- Email: rmoench@fresnocountyca.gov
- Mayra Rosel-Bucio, LMFT
- Email: mroselbucio@fresnocountyca.gov
- Phone: 559-600-0679

For unlocking a previously submitted Access form: Please email

dbhqualityimprovement@fresnocountyca.gov

Department of Behavioral Health Quality Improvement