## **Client Arrival & Screening (Program)**

#### 1. Client presents

a. Client presents to a substance residential program requesting treatment.

#### 2. Initial Client Screening- Program staff

- a. Confirm client request
  - i. Ask if the client is specifically seeking substance residential treatment.
  - ii. If not, explore other levels of care or services (e.g., outpatient (OP), intensive outpatient (IOP), withdrawal management, etc.).
- b. Basic Eligibility checks
  - i. Age: 18+ (unless the program accepts adolescents).
  - ii. **Residency:** Verify San Francisco County residency. Refer to <u>BHS Policy 3.03-06</u> for detailed residency requirements.
  - iii. Insurance/Funding: Confirm Medi-Cal, Medicare, or other funding sources.
- c. Clinical Eligibility checks

#### i. Substance Use & Risk

- 1. Current use pattern shows inability to maintain abstinence in OP/IOP.
- 2. High risk of relapse, overdose, or continued use without 24-hours structure.

#### ii. Barriers to Lower Levels of Cares

- 1. Environmental factors: unsafe housing, homelessness, or exposure to triggers
- 2. Psychosocial factors: lack of recovery supports, unstable relationships, or daily structure needs.
- 3. Prior failed attempts at outpatient or IOP despite engagement.

#### iii. Clinical & Medical Necessity

1. Clinical justification for residential placement (ASAM 3.1, 3.3, or 3.5)

#### iv. Mental Health & Medical Screening

- 1. Assess for co-occurring mental health conditions.
  - 1. Refer to higher level of care if psychiatric instability is present.
- 2. Screen for urgent medical issues that require stabilization before admission.

#### 3. Decision

#### a. If Eligible and Appropriate:

i. Proceed to SUD residential Direct Admission Workflow-Avatar NX

#### b. If NOT Eligible or Appropriate:

- i. Refer to the most appropriate service (e.g., withdrawal management, OP, IOP, mental health, or community resources).
- ii. Complete the **Timely Access Form** to document the service offered and the outcomes.
- iii. End of workflow here

### **Special Scenarios**

## **Client Not Ready for Same-Day Admission**

- Examples: clients need to return the next day, awaiting hospital discharge, or custody release.
- Actions:
  - o Programs complete the screening and appropriateness for residential program (see above).
  - o Provide the client with a scheduled admission letter and date.
  - o Document the offer and outcome in the Timely Access form.

#### SUD Residential Direct Admission Workflow - Avatar NX

## **Step 1: Open Full Episode**

- In Avatar NX, select SA Admission Res CalOMS Prgm Bundle.
- This automatically opens a **full episode** for the client.
- The bundle includes:
  - o Admission form
  - o CalOMS Admission form
  - o Episode Guarantor Information (EGI) form
  - o Admission Referral Information form
  - o Contact Information form
  - o Forms form

#### **Step 2: Complete Diagnosis Form**

- Open the *Diagnosis* (Dx) form in the episode.
  - o **Preferred:** Enter a substance use diagnosis.
  - o **If not yet determined at admission:** A **Z code** may be used. Refer to <u>BHIN 22-013</u> for the list of Z codes that may be used during the initial assessment period.
    - A final SUD diagnosis **must be entered** once the *SUD Level of Care Recommendation* assessment is complete.
- Required for:
  - o Establishing medical necessity
  - o Billing residential treatment days

#### **Step 3: Complete Timely Access Form**

- Document:
  - o The date the client **requested services**
  - o The **outcome** of that request

- Purpose:
  - o Ensure compliance with DHCS Timely Access standards
  - o Required for state reporting and internal QA

#### **Admission & Related Forms**

| Form                                 | Required?      | Purpose / Notes                                                                                                                                                                  |  |  |
|--------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Timely Access<br>Form                | Required       | Collect timely access compliance data for DHCS requirements.                                                                                                                     |  |  |
| Admission                            | Required       | Enter the admission details (date, program, demographics). Then, go to the Inpatient/Partial/Day Treatment page and confirm client is admitted into a residential treatment bed. |  |  |
| Episode<br>Guarantor<br>Information  | Required       | Document the client's Medi-Cal/Medicare eligibility, financial responsibility, and guarantor information.                                                                        |  |  |
| CalOMS<br>Admission                  | ☐ Conditional  | Collect required CalOMS data. Not required on the day of admission but must be completed within 30 days of admission or before program discharge (whichever comes first).        |  |  |
| Diagnosis                            | Required       | Record client's diagnosis (including Z-codes if applicable) to establish medical necessity and support treatment planning.                                                       |  |  |
| Admission<br>Referral<br>Information | Not Required   |                                                                                                                                                                                  |  |  |
| Contact<br>Information               | □ Not Required |                                                                                                                                                                                  |  |  |
| Forms                                | Not Required   | _                                                                                                                                                                                |  |  |

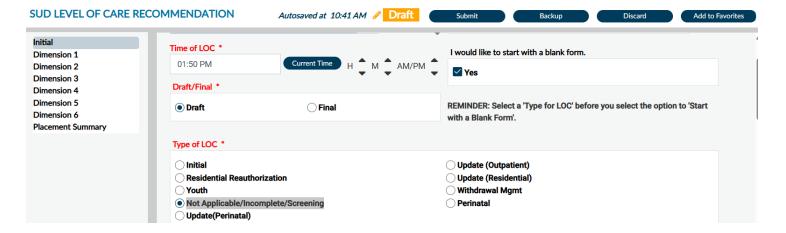
Step 4: Verify Required Consents/Legal Forms (Not included in the bundle — must be completed separately)

- Consent to Services (Admission Agreement)
- Notice of Privacy Practices (42 CFR Part 2)
- Authorization to Release Information / Assignment of Benefits
- Bill of Rights
- Acknowledgment of Receipt of Materials
- Telehealth/Telephone Verbal Consent progress note template (if applicable)

To access the BHS required consent and legal forms, please use the **BHS Forms SharePoint page**, which contains all of the forms listed below: San Francisco Behavioral Health Services Forms – Department

# **Step 5: At Treatment – Initial Authorization**

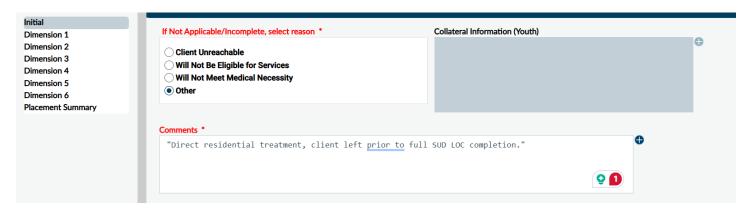
- For clients remaining beyond 7 days:
  - o Within 7 calendar days of admission, submit to UM:
    - SUD Level of Care Recommendation assessment
    - Final DSM diagnosis
  - o Purpose: Request for Initial Authorization
- For clients leaving within 7 days or anticipated staying less than 7 days
  - If the client stays more than one treatment day (i.e., past midnight), the program must still submit an authorization request to UM within 7 calendar days of admission.
  - Submit:
    - o SUD Level of Care Recommendation assessment
      - **Initial** section:
        - Type of LOC: select "Not Appropriate/Incomplete/Screening"



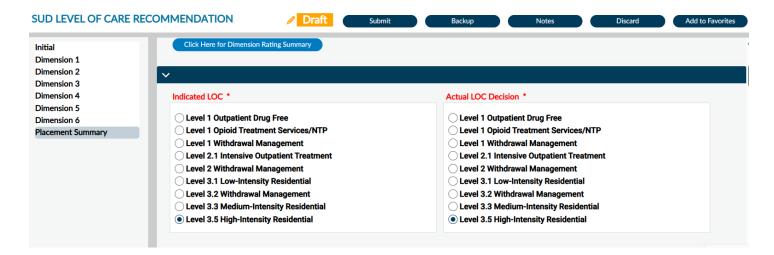
- Why is client seeking services today (in their own words):
  - o Document current substance use pattern
  - o Document barriers or challenges to participating in OP and/or IOP treatment
  - o Document clinical justification for residential placement (ASAM 3.1, 3.3, or 3.5)
  - o <u>NOTE</u>: When selecting *Not Applicable/Incomplete/Screening*, prompts for required documentation are available within an Avatar System template. Instructions for loading the template can be found at the end of this document.



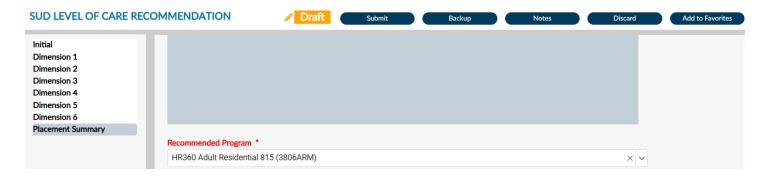
- If Not Applicable/Incomplete/Screening select reason: Select "Other"
  - o **Comments:** enter: "Direct residential treatment, client left prior to full SUD LOC completion."



- Placement Summary section:
  - Indicated LOC & Actual LOC Decision: select placement (3.1, 3.3, or 3.5)
    - o If different, document reason for difference

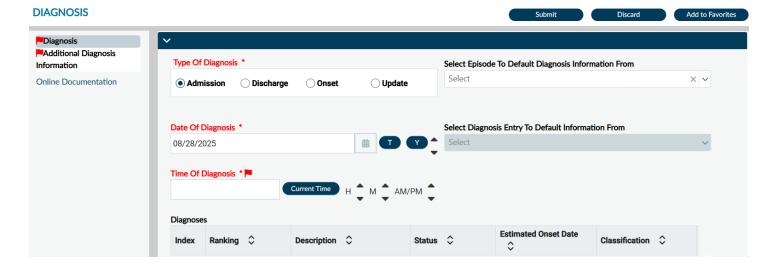


Recommended Program: select assigned program



#### o Diagnosis Form

• Enter a DSM diagnosis (Z code acceptable if final Dx unavailable - refer to <u>BHIN 22-</u>013 for the list of Z codes that may be used during the initial assessment period.)



Step 6: QA / UM Oversight

- **Direct Admission Report & Widget** (runs nightly or real-time) monitors completion of the following required forms:
  - o Admission
  - o CalOMS Admission
  - o Episode Guarantor Information
  - o SUD Level of Care Recommendation
  - o Diagnosis
  - o Timely Access

#### • Updated Report – TAP RES Authorization

Provides updated tracking of Treatment Authorization Period (TAP) for residential services, ensuring accurate authorization and monitoring of residential admissions.

San Francisco Department of Public Health Behavioral Health Services Avatar Data as of 9/11/2025 5:03:06PM



# SUD Residential All Authorization Requests

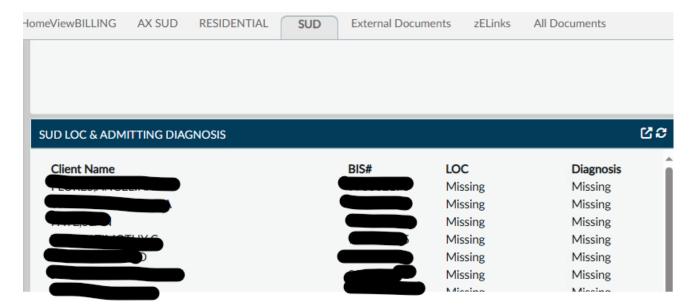
Start Date:8/1/2025

End Date:9/11/2025

# **Pending Authorization Request Summary**

| Initial                             |                        |                                     |                     |  |  |  |  |
|-------------------------------------|------------------------|-------------------------------------|---------------------|--|--|--|--|
| Client name and BIS                 | Submission Program     | Actual Level of Care                | LOC Completed Date  |  |  |  |  |
| SMITH,TEST (999108737)              | HR360 Acceptance Place | Level 3.1 Low-Intensity Residential | 09/04/2025 10:47 AM |  |  |  |  |
| Not Applicable/Incomplete/Screening |                        |                                     |                     |  |  |  |  |
| Client name and BIS                 | Submission Program     | Actual Level of Care                | LOC Completed Date  |  |  |  |  |
| SMITH,TEST (999108737)              | HR360 Acceptance Place | Level 3.1 Low-Intensity Residential | 09/04/2025 10:47 AM |  |  |  |  |
|                                     | •                      |                                     | •                   |  |  |  |  |

• New Widget (PM) – SUD LOC + Admitting Diagnosis (SUD\_LOC\_ADMDIAG)
A quick-view dashboard tool that displays the client's recommended Level of Care (LOC) alongside their admitting diagnosis, allowing staff to easily verify placement details.



• New Report (PM) – SUD LOC and Adm Diagnosis Report
Generates a detailed report of all clients' recommended LOC and admitting diagnoses, supporting
program monitoring, quality review, and compliance needs.



San Francisco Department of Public Health Ambulatory Applications

# SUD LOC & Admitting Diagnosis Report FHAAI Friendship Residential 3.1(00100DS

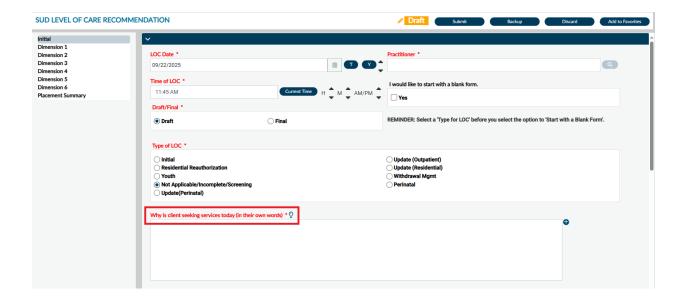
| Confidential Patient Information |      |           |               |               |                  |  |  |
|----------------------------------|------|-----------|---------------|---------------|------------------|--|--|
| Client Name                      | BIS# | SUD LOC   | ADM Diagnosis | EGI Completed | CalOMS Admission |  |  |
|                                  |      | Completed | F10.20        | 5/22/2025     | 5/22/2025        |  |  |
|                                  |      | Completed | F15.20        | 5/29/2025     | 5/29/2025        |  |  |
|                                  |      | Completed | F15.20        | 6/4/2025      | 6/4/2025         |  |  |
|                                  |      | Completed | F11.20        | Missing       | Missing          |  |  |
|                                  |      | Completed | F10.20        | 6/13/2025     | 6/13/2025        |  |  |
|                                  |      | Completed | F11.20        | 5/12/2025     | 5/12/2025        |  |  |
|                                  |      | Completed | F15.20        | 4/28/2025     | 4/28/2025        |  |  |

# **Avatar Support & Resources**

- Avatar Help Desk (IT): 628-217-5196, avatarhelp@sfdph.org, M-F, 8:00 AM-5:00 PM
- Website: Avatar user support and resources | SF.gov

# How to Load the Why Client Is Services Template in the SUD Level of Care Recommendation Form

1. With the SUD Level of Care Recommendation form open, locate the *Why is client seeking services today (in their own words)* section.



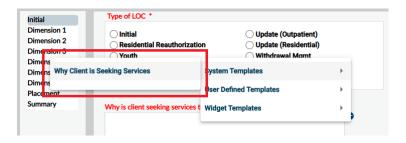
2. Right-click on the plus icon in the seeking services today (in their Templates icon that appears.

in the upper right corner of the *Why is client* their own words) field and then left-click on the

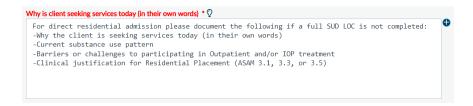




3. Move your mouse over the *System Templates* option to have the list of available templates appear.



4. Click on the Why Client Is Seeking Services template to load the template text in the Why is client seeking services today (in their own words) field.



- 5. Use the prompts from the template to assist with documentation.
- 6. If you have questions about navigating templates in Avatar, please contact the Avatar Help Desk, Monday-Friday, 8:00 AM to 5:00 PM, at 628-217-5196 or <a href="mailto:avatarhelp@sfdph.org">avatarhelp@sfdph.org</a>.