SUD Residential Direct Admission Avatar NX Clinical Workflow

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 BHS Policy 3.03-06 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

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Special Scenarios

Client Not Ready for Same-Day Admission

- Examples: clients need to return the next day, awaiting hospital discharge, or custody release.
- Actions:
    - Programs complete the screening and appropriateness for residential program (see above).
    - Provide the client with a **scheduled admission letter and date**.
    - 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:
    - *Admission* form
    - *CalOMS Admission* form
    - *Episode Guarantor Information* (EGI) form
    - *Admission Referral Information* form
    - *Contact Information* form
    - *Forms* form

Step 2: Complete Diagnosis Form

- Open the *Diagnosis* (Dx) form in the episode.
    - **Preferred:** Enter a substance use diagnosis.
    - **If not yet determined at admission:** A **Z code** may be used. Refer to [BHIN 22-013](#) 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:
    - Establishing medical necessity
    - Billing residential treatment days

Step 3: Complete Timely Access Form

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

SUD Residential Direct Admission Avatar NX Clinical Workflow

- 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 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 Guarantor Information	🟥 Required	Document the client's Medi-Cal/Medicare eligibility, financial responsibility, and guarantor information.
CalOMS 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 Referral Information	🟩 Not Required	—
Contact 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

SUD Residential Direct Admission Avatar NX Clinical Workflow

Step 5: At Treatment – Initial Authorization

- For clients remaining beyond 7 days:
  - Within 7 calendar days of admission, submit to UM:
    - *SUD Level of Care Recommendation* assessment
    - Final DSM diagnosis
  - 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:
    - *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):**
  - Document current substance use pattern
  - Document barriers or challenges to participating in OP and/or IOP treatment
  - Document clinical justification for residential placement (ASAM 3.1, 3.3, or 3.5)
  - **NOTE**: 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.

Initial
Dimension 1
Dimension 2
Dimension 3
Dimension 4
Dimension 5
Dimension 6
Placement Summary

Why is client seeking services today (in their own words) *

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

Initial
Dimension 1
Dimension 2
Dimension 3
Dimension 4
Dimension 5
Dimension 6
Placement Summary

If Not Applicable/Incomplete, select reason *

- ◯ **Client Unreachable**
- ◯ **Will Not Be Eligible for Services**
- ◯ **Will Not Meet Medical Necessity**
- ⦿ **Other**

Collateral Information (Youth)

Comments *

"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)
    - If different, document **reason for difference**

SUD LEVEL OF CARE RECOMMENDATION

✏️ Draft | Submit | Backup | Notes | Discard | Add to Favorites

Click Here for Dimension Rating Summary

Initial
Dimension 1
Dimension 2
Dimension 3
Dimension 4
Dimension 5
Dimension 6
Placement Summary

Indicated LOC *

- ◯ Level 1 Outpatient Drug Free
- ◯ Level 1 Opioid Treatment Services/NTP
- ◯ Level 1 Withdrawal Management
- ◯ Level 2.1 Intensive Outpatient Treatment
- ◯ Level 2 Withdrawal Management
- ◯ Level 3.1 Low-Intensity Residential
- ◯ Level 3.2 Withdrawal Management
- ◯ Level 3.3 Medium-Intensity Residential
- ⦿ Level 3.5 High-Intensity Residential

Actual LOC Decision *

- ◯ Level 1 Outpatient Drug Free
- ◯ Level 1 Opioid Treatment Services/NTP
- ◯ Level 1 Withdrawal Management
- ◯ Level 2.1 Intensive Outpatient Treatment
- ◯ Level 2 Withdrawal Management
- ◯ Level 3.1 Low-Intensity Residential
- ◯ Level 3.2 Withdrawal Management
- ◯ Level 3.3 Medium-Intensity Residential
- ⦿ Level 3.5 High-Intensity Residential

- **Recommended Program:** select assigned program

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o *Diagnosis Form*
  - Enter a DSM diagnosis (Z code acceptable if final Dx unavailable - refer to BHIN 22-013 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.

Avatar Data as of 9/11/2025 5:03:06PM

San Francisco Department of Public Health
Behavioral Health Services
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
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

San Francisco Department of Public Health
Ambulatory Applications

SUD LOC & Admitting Diagnosis Report
FHAAI Friendship Residential 3.1(0010ODS

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 upper right corner of the *Why is client seeking services today (in their own words)* field and then left-click on the *Templates* icon that appears.

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.

Why is client seeking services today (in their own words) *

```
For direct residential admission please document the following if a full SUD LOC is not completed:
-Why the client is seeking services today (in their own words)
-Current substance use pattern
-Barriers or challenges to participating in Outpatient and/or IOP treatment
-Clinical justification for Residential Placement (ASAM 3.1, 3.3, or 3.5)
```

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 avatarhelp@sfdph.org.