

## Admission Tip Sheet

This Tip Sheet may change as our trainings and systems are updated. Please visit our website <https://dhs.saccounty.gov/BHS/Avatar/Pages/Avatar.aspx> for the most updated version. If any additional help is needed you can contact us at [Avatar@saccounty.net](mailto:Avatar@saccounty.net).

### Admission Information

You will not be able to add any documentation into the client's chart until they have been admitted into your program. Once the client has been admitted that will create an open episode in your program. From there you will be able to add progress notes, assessments, and scanned documents. If the client has an existing Avatar ID you will want to use that ID to do the Admission, do not create a new Avatar ID for the client. If the client's name is misspelled or if they have had a name change, that can be fixed on the Update Client Data form.

### Admission Form

1. Search for the Admission form on your Forms and Data widget. Double click to open.
2. Enter the client's information, you will need three fields completed to activate the "Search" button. Make sure to do a thorough search so that a duplicate client is not created. Additional pieces of information that can be used to search your client are date of birth, social security number, and Avatar ID number.
3. Click the Search button. Everyone meeting the criteria you entered will populate. If you see your client listed below double click on their name to enter a new admission for them. If they are not listed click on the "New Client" button. Make sure to enter the client's social security number and date of birth in the search criteria before clicking "New Client". If the client's name is misspelled you run the risk of creating a duplicate if the search was not thorough.

Opening: Admission

Home > Select Client >

### Client Search

Last Name:  First Name:  Sex:

Social Security Number:  Date of Birth:

Assigned ID:  Alias:  Alias (Additional Text):  Alias (Additional Text):

Info	Score	Family Number	Date Of Birth	Social Security Number	Policy Number
	65	[REDACTED]	06/02/2000	819-19-4923	[REDACTED]
	65	[REDACTED]	06/02/2000	576-87-4136	[REDACTED]
	65	[REDACTED]	06/02/2000	887-31-282P	[REDACTED]
	65	[REDACTED]	06/02/2000	902-28-416P	[REDACTED]
	65	[REDACTED]	06/02/2000	624-19-8737	[REDACTED]
	65	[REDACTED]	06/02/2000	602-25-5405	[REDACTED]

- Any information you entered on the Search screen will populate into the form. If this is a new client the top header will say New Client and will generate an Avatar ID for the client. The new client will not be saved in Avatar until you click the Submit button.

myAvatar NIX myDay CARE QUALITY Client Admin Client Appointments Client Clinical Client Notes Client Financial Client Medical

Stacey Calahan

What can I help you find?

Advanced Client Search

My Clients

My Forms

My Favorites

Recent Forms

Control Panel

My Clients

FRIEND, JOHN JR (788475449)

TESTABIGAL (788475499)

TESTANBOLA (788475792)

TESTHOLLY (788475684)

TESTJAMES (788475388)

TESTMARK (788475613)

TESTMARY (788475612)

TESTNICK (788475721)

TESTPAGE (788475612)

TESTSCARLETT (788475346)

TESTTONYA (788475719)

TESTVINCENT (788475707)

TESTERJANE (788475593)

TESTERSONAMY (788475646)

TESTJONAS (788475646)

TESTMANWILLIAM (788475428)

NEW Client (788475738)

Sp 1: Admission Date: Atts. Pract: -

HE - WB - Location: - Alias: ES -

Phone #: -

### ADMISSION

Admission

Demographics

Other Client Data

Inpatient/Partial/Day Treatment

Online Documentation

Episode Number

Client Name \*  **4**

Sex \*  **4**

Date of Birth  **5**

Age  **5**

Admission Date \*  **5**

Admission Time \*  **5**

Program \*  **6**

Type Of Admission \*  **7**

Source Of Admission \*  **8**

Admitting Practitioner \*  **9**

Attending Practitioner  **10**

Practitioner Type  **11**

Facility Chart Number  **11**

Social Security Number  **12**

Client's Living Arrangements \*  **13**

Disposition of Admission (For Access Team Use Only)

- Enter the **Admission Date and Time**.
- Enter the **Program** for the admission. The programs listed will be programs within your system code.
- Indicate the **Type of Admission**. Providers should use the option for Service Provider.
- The **Source of Admission** is not required, however your agency may require that field be entered.
- Enter the **Admitting Practitioner**. The client will populate on that practitioner's My Client widget.

10. The **Attending Practitioner** is not required, however entering an Attending Practitioner will allow the client to populate on the Attending Practitioner’s My Client widget.
11. A **Practitioner Type** and **Facility Chart Number** are not required but can be entered if your agency uses these fields.
12. **Social Security Number** is not required, however this will be required for billing purposes. If the client does is not able to give you a social security number you can enter all 0’s. This will still need to be in the correct format xxx-xx-xxxx.
13. Indicate the client’s **Living Arrangements**.

Received Copy Of Client Rights:  Yes  No

Advanced Directive:  Yes  No

Advanced Directive Note

Admission Note

14. The remaining fields below are not required but can be entered if your agency requires.
15. On the upper left hand side of the form are the different pages of the Admission form. Click on the demographics page.

NEW Client (78475738)

Preferred Name: [Redacted]

Admission Date: [Redacted]

Client Last Name: TEST

Client First Name: KYLE

Client Middle Name: [Redacted]

Client's Home Phone: [Redacted]

Client's Work Phone: [Redacted]

Primary Language: [Redacted]

16. The fields on this page are not marked red and required, however you will want to fill out as much demographic information as you can.
  - a. Important fields to take note of on the Demographics page:
    - i. Preferred Name: The client’s first and last name must be their legal name, but if they prefer to go by a different name it can be entered here and will populate at the top of the client’s chart once submitted. This is not a searchable field.
    - ii. Client’s Address: This field is not marked red and required, however it is required for billing purposes. Enter the client’s full address, if they are homeless enter HOMELESS in the “Client’s Address-Street” field and enter your agencies zip code, city, and state.

- iii. Alias: There are ten Alias fields available. If your client goes by any other name including a nickname, preferred name, or maiden name enter them in the Alias fields.
17. Once you have filled out the demographics section to the best of your ability click "Submit" to save.

### **Admission Corrections**

Once the form has been submitted you will not be able to delete the entry or make edits to the date or program. If the admission date or program was entered incorrectly you are able to contact [Avatar@Saccounty.net](mailto:Avatar@Saccounty.net) and we can make the correction. If the admission was done in error, such as for the wrong client, please contact your Sacramento County Contract Monitor to request the change. If there is documentation in the episode further approval may be required. Make sure to encrypt any emails that are sent with client information such as the client name, SSN, or Avatar ID number. If the name was misspelled or any of their demographics entered in error such as SSN, DOB, phone number, or address, that can be fixed in the "Update Client Data" form.