

# Agenda



## Avatar MH Avatar User Forum

**Date:** December 3, 2020

**Time:** 1:00 to 2:30

**Location:** Virtual using Skype

**Facilitator:** Melony Ibarra

**Scribe:** Sarah Saldivar

**Attendees:** (See sign in sheet)

Topic	Presenter	Start Time	Length
<b>Welcome/Introductions</b> <ul style="list-style-type: none"><li>Skype meeting overview</li></ul>	Melony	1:00PM	10 min
<b>Claiming/Fiscal Update</b> <ul style="list-style-type: none"><li>Claiming Status Update – Preparing to claim 9/2020</li><li>Claims Correction Spreadsheet (CCS) – Current and completed within 2 months of date submitted.</li><li>Medicare update – Preparing to claim for 10/2020</li><li>GT modifiers – Reminder to use GT modifiers if using Telehealth as a location.<ul style="list-style-type: none"><li>Exception made for services codes “in-community” and/or “telephone” in the descriptions. Using GT modifiers will result in services being denied.</li><li>The Telehealth Services Modifier report can be used to identify which services have the telehealth location and GT modifier.</li></ul></li><li>Reminder on using the New MH County Funds guarantor (G20) – Effective 7/1/2020 G20 must be entered to all clients Financial Eligibility. Applies to any open episode or any episode discharged after 7/1/2020.<ul style="list-style-type: none"><li>Do not delete any guarantors currently in Financial Eligibility</li></ul></li><li>Rate update – Some reports are showing \$0 as a result of updating new rates for programs. These reports should be re-run.<ul style="list-style-type: none"><li>If rates are still showing \$0 contact your Contract</li></ul></li></ul>	Richard	1:10PM	10 min

<p>Monitor who will reach out to the Billing Team.</p> <ul style="list-style-type: none"> <li>• Question about CO 96 N30 error not appearing on Denial Reason Report. Effective 10/2020 an alien status indicator requirement was added for certain clients. <ul style="list-style-type: none"> <li>○ If the client does not have this indicator services will be denied. Per DHCS these clients are not eligible for FFP and/or SGF funding, the County is responsible for paying these services.</li> <li>○ DHCS failed not notify all counties and is working on an info notice with more details. Counties and providers are currently unable to see if the clients have these indicators in MEDS. There's nothing providers can do to fix these at this time.</li> </ul> </li> </ul>			
<p><b>Maintenance and Support Update</b></p> <ul style="list-style-type: none"> <li>• Demo Templates on Demand – Gives the user the ability to right click and add the current diagnosis that is in the episode they are documenting in. <ul style="list-style-type: none"> <li>○ A diagnosis on this client in this episode is required for this to work.</li> </ul> </li> <li>• Demo Safety Plan – Check with contract monitor if you are unsure if you should use the Safety Plan. <ul style="list-style-type: none"> <li>○ 12/14/20 – More updates to the Safety Plan need to be made so it has been removed and will be released when all updates have been completed.</li> </ul> </li> <li>• Release items</li> </ul>	Melony	1:20PM	10 min
<p><b>Avatar Support Demo</b></p> <ul style="list-style-type: none"> <li>• Demo New Client Plan format – Will go live with new Client Plan format on 1/2021 <ul style="list-style-type: none"> <li>○ SNOWMED ICD cannot be changed once saved in either Draft or Final status</li> <li>○ Clients Reason for Services in Their Own Words field is not red and required, but is still necessary to enter.</li> </ul> </li> <li>• Tip sheet on how to use the new Client Plan is attached to meeting minutes</li> <li>• Question on whether the new Client Plan will allow you to pull in a previous plan. Yes, you will still be able to pull in previous Client Plans even if they were completed in the previous format.</li> </ul>	Karlynn	1:30PM	15 min

<p><b>QM – New Client Plan Documentation training</b></p> <ul style="list-style-type: none"> <li>• Avatar and QM partnered to create a video demonstrating how to use the new Client Plan along with QM documentation requirements.</li> <li>• There will be 6 sessions of this training offered via Zoom with a maximum of 100 users per training. There is no registration requirement for this training.</li> <li>• These trainings will be held the week of December 14<sup>th</sup>. An e-mail will be sent out with the dates, times, and Zoom meeting information.</li> <li>• The training is pre-recorded so please type questions into the chatbox and an FAQ will be created based on these questions. <ul style="list-style-type: none"> <li>○ The week after the power point, handouts, and copy of the FAQ will be sent out.</li> </ul> </li> <li>• Question about new document category AB-1299 for agencies that track this but use their own EHR. If an agency is required to upload documents into that folder they will be contacted by BHS.</li> </ul>	<p>Pam</p>	<p>1:45PM</p>	<p>10 min</p>
<p><b>Reports/Widgets-</b></p> <ul style="list-style-type: none"> <li>• Console and widget demo and requests <ul style="list-style-type: none"> <li>○ Document Routing – Required for Avatar NX. Will Go live 1/2021 with the Client Plan. <ul style="list-style-type: none"> <li>▪ Documents will be available to view in the My Todo's widget. These documents will look like they do in the chart view.</li> <li>▪ Allows ability to sign off for multiple items that require co-signature at once under the new “sign” tab. <ul style="list-style-type: none"> <li>• Select multiple documents at once and select the ‘sign all’. This will require you to enter your Avatar password.</li> </ul> </li> </ul> </li> <li>○ Client Information Widget – Displays the items normally listed on the header in the client chart view.</li> <li>○ Family View Widget – In the Financial Eligibility console. Will display if they are an UMDAP family and displays the members of the family.</li> <li>○ Upcoming 14 days STAFF appointments widget – Displays upcoming appointments with the status with</li> </ul> </li> </ul>	<p>John</p>	<p>1:55PM</p>	<p>15 min</p>

<p>the user logged in</p> <ul style="list-style-type: none"> <li>▪ Allows the ability to find a new appointment, edit details, and change the status of an appointment.</li> <li>○ Update to Additional Episode Information form – added a School Information section to add which school client is attending. Will be available for all programs in 1/28/2021. <ul style="list-style-type: none"> <li>▪ Form is still under development, there may be changes made.</li> </ul> </li> <li>• Release items</li> <li>• Request was made for a report to show which documents are missing signatures.</li> <li>• Request was made for a report a program wide report for ANSA scores for all open clients.</li> </ul>			
<p><b>Training Update-</b></p> <ul style="list-style-type: none"> <li>• Training Schedule – Holidays – December and January training scheduled posted. Some scheduled trainings are not on their usual dates.</li> <li>• February training calendar will be posted no later than mid-January. Numerous changes will be made due to additional SUPT Go-LIVE trainings that month.</li> <li>• Preparing to release an introduction webinar in early 2021. <ul style="list-style-type: none"> <li>○ New users will be required to watch the webinar and complete a short quiz prior to attending Practice Management, CWS, or Access trainings.</li> <li>○ Webinar and quiz must be completed 48 hours prior to training.</li> <li>○ Training Registration forms will be need to be submitted with more notice.</li> <li>○ More information on this will be released in the January User Forum.</li> </ul> </li> <li>• The User Forum schedule for 2021 will be posted soon.</li> <li>• The next MH CWS User Forum will be held on 1/28 at 1:00pm.</li> <li>• Beginning 12/23/20 the new Client Plan will be trained in MH CWS.</li> </ul>	Kat	2:10PM	10 min

<p><b>REPO Update</b></p> <ul style="list-style-type: none"> <li>Reminder – All demographic information needs to be reviewed and updated if needed each time you see the client. This information is submitted to the State and it is important that it is accurate.</li> </ul>	Melony	2:20PM	10 min
<p><b>Project Updates</b></p> <ul style="list-style-type: none"> <li>Avatar NX - Estimated to move to this new platform in 2021. This will change the look and feel of Avatar. <ul style="list-style-type: none"> <li>NX utilizes consoles rather than the Chart view.</li> <li>NX will not use Java and will be web based.</li> </ul> </li> <li>New version of report viewer is available and recommended for download on the Avatar website. <ul style="list-style-type: none"> <li>If there is an issue with running reports, the new report viewer should be installed</li> </ul> </li> </ul>	Melony	2:20PM	10 min
<p><b>Open Forum</b></p> <ul style="list-style-type: none"> <li>Request made for a demo on what providers need to do in Avatar when a client has a restricted aid code related to pregnancy. <ul style="list-style-type: none"> <li>Avatar Billing Team will prepare this for next User Forum</li> </ul> </li> </ul>	All	2:20PM	10 min

## Avatar Client Plan Tip Sheet

This guide is designed to be a tool to help users navigate through the newly designed Client Plan form in Avatar. For any questions regarding documentation requirements when filling out this form please contact [QMInformation@saccounty.net](mailto:QMInformation@saccounty.net).

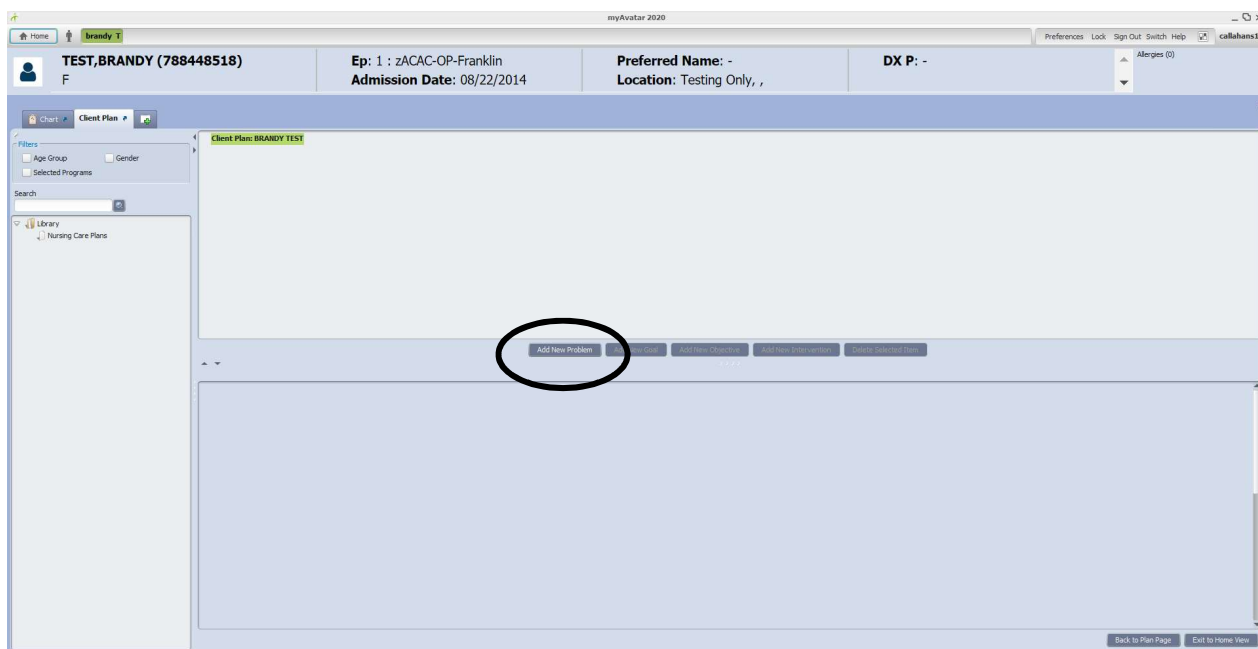
The screenshot shows the Avatar Client Plan form. The top navigation bar includes the user's name (TEST, BRANDY (788448518)), Ep: 1 : zACAC-OP-Franklin, Admission Date: 08/22/2014, Preferred Name: -, Location: Testing Only, and DX P: -. The form fields are as follows:

- Plan Date:** A date picker field.
- Plan Name:** A text input field.
- Plan Type:** A dropdown menu.
- Plan End Date:** A date picker field.
- Next Review Date:** A date picker field.
- Last Updated:** A date picker field.
- Last Updated By:** A text input field.
- Treatment Plan Status:** Radio buttons for Draft, Final, and Pending Approval.
- Team Member To Notify:** A dropdown menu.
- Launch Plan:** A button.

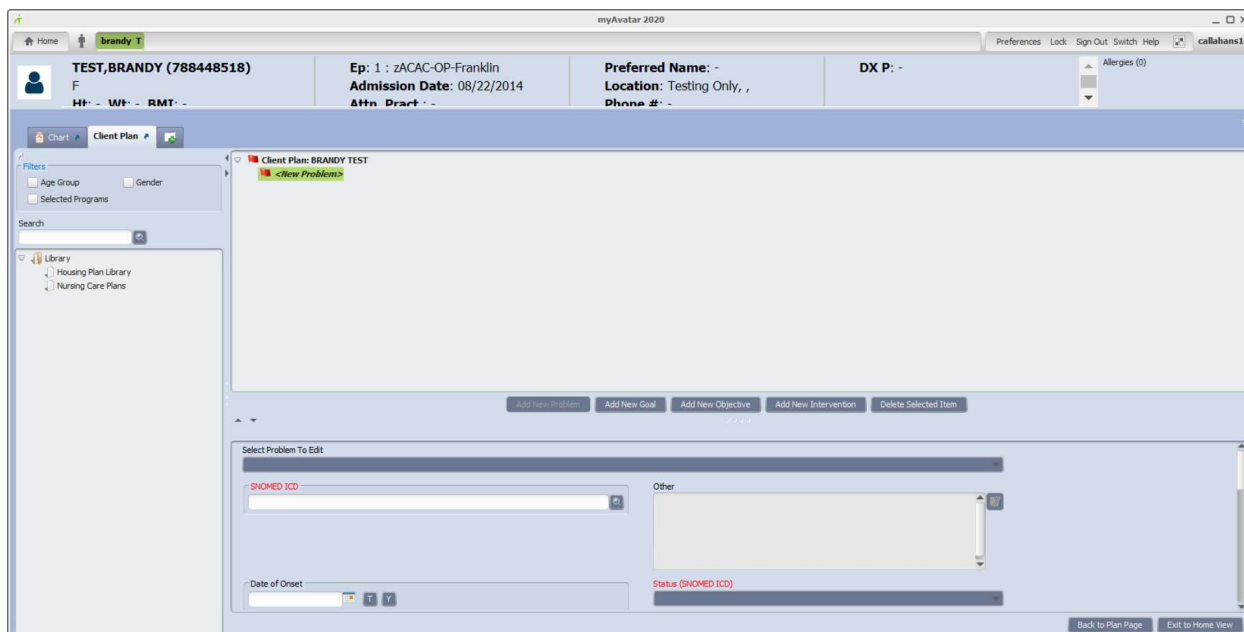
Below the form is a table for Plan Participants:

	Role	Staff ID	Participant Name	Plan Author	Notification	Is a Release on
1						

1. Enter your Plan Date. Once you enter in a plan date the End Date and Next Review Date will automatically populate. The Plan End Date will default to one year from your Plan Date and the Next Review Date will default to 45 days before the Plan End Date.
2. Enter a Plan Name and choose a plan type.
3. Choose your Treatment Plan Status. This should remain in Draft until it is completed, then it can be switched to Final or Pending Approval if you require a Co-signature.
4. Click on the Launch Plan button. Steps 1-3 must be completed before you are able to choose Launch Plan.

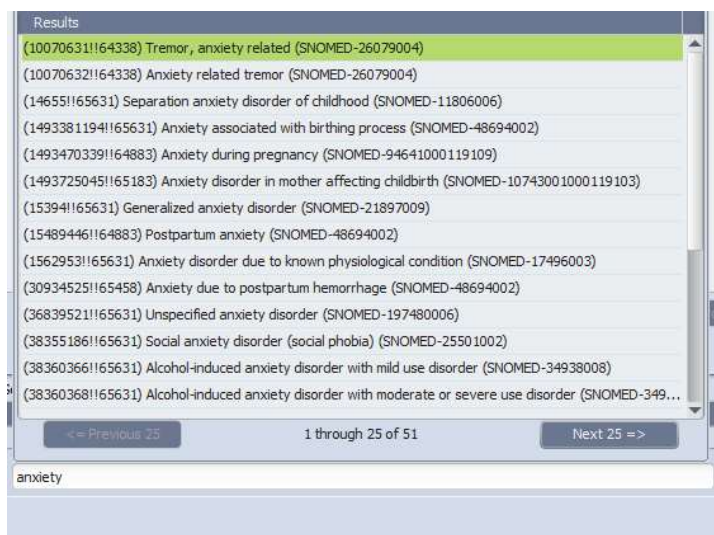


## 5. Click on Add New Problem



6. The Select Problem to Edit drop-down will be blank unless a problem was added in the CORE assessment. If you are choosing an existing problem select that problem from the drop-down. If it is a new problem select the blank line.
7. Under the SNOMED ICD type in the SNOMED ICD code you are addressing. The field is a look up field so options will populate as you enter in data. For example, if you type "Anxiety" into the field, all codes that include the word Anxiety will populate. The more

detailed of a search you enter the more narrow your search results will be. If you type in the ICD 10 code, it will crosswalk to the SNOMED code. Please note once the plan has been submitted in either Draft or Final status the SNOMED code cannot be changed.



8. The Date of Onset field is not required, however you are able to enter a date if applicable.
9. Under the Problem field address your client's reason for service. Make sure your reason for service meets all documentation requirements per Quality Management.
10. Enter the Status of the plan under Status and Status (SNOMED ICD). The Status (SNOMED ICD) has only one choice available, Active status.
11. Enter the Date Opened. The Date Due and Date Closed are not required.
12. Enter the Staff Responsible, Staff Assigning, and Non-Staff Responsible Party.
13. Indicate the Functional Area/Life Domain for this reason for service.
14. Enter the Clients Reason for Services in Their Own Words. This field is not marked red and required to save the form, however; it is required per QM's documentation requirements.
15. Indicate all Sources of Information that apply for this reason for service.
16. Once you have completed this section click on Add New Goal. See screen shot below. It is important that you enter each piece in order. For example, you would want to enter your goal before your objectives and interventions, that way they are linked to the goal.



myAvatar 2020

Home | **brandy T** | Preferences | Lock | Sign Out | Switch | Help | calahan16

**TEST, BRANDY (788448518)** | **Ep: 1 : zACAC-OP-Franklin** | **Preferred Name: -** | **DX P: -**  
 F | **Admission Date: 08/22/2014** | **Location: Testing Only, ,** | Allergies (0)

Chart | Client Plan

Client Plan: BRANDY TEST  
 Problem: Enter reason for service here...

Filters: Age Group, Gender, Selected Programs  
 Search: [ ]  
 Library: Nursing Care Plans

Add New Problem | **Add New Goal** | Add New Objective | Add New Intervention | Delete Selected Item

Select Problem To Edit

Problem: (36839521165631) Unspecified anxiety disorder (SNOMED-197480006) | Other: [ ]  
 Date of Onset: [ ] | Status: Active  
 Problem: Enter reason for service here... | Status: In-Progress  
 Date Opened: 10/30/2020

17. Enter the client's Goal, make sure to follow all documentation guidelines per Quality Management.
18. The Date Opened will populate based on what you entered in the previous screen.
19. Due Date and Date closed are not required.
20. The Staff Assigning will automatically populate to your name. Enter the staff responsible in the Staff Responsible field, this may be you or may be a supervisor.
21. Enter the client's Strengths and Barriers to Recovery and Client's Goals in Their Own Words. These fields are not marked red and required to save the form, however; they are required per QM's documentation requirements.

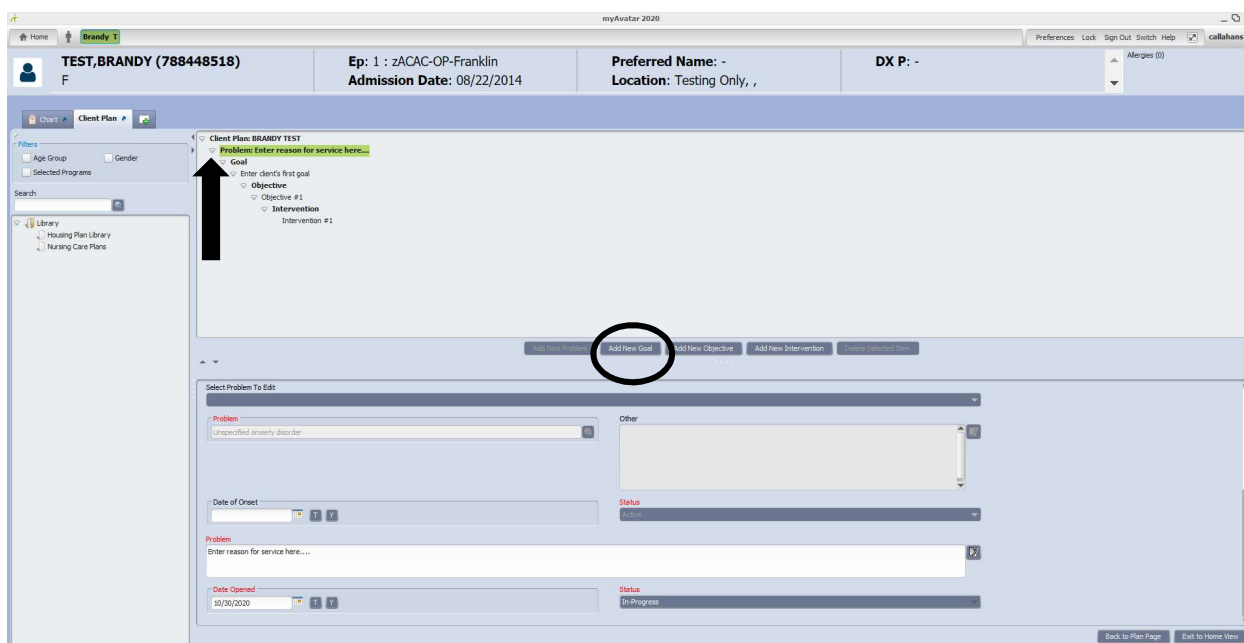
The screen shot below shows the Goal Section. Once you have entered your Goal click on Add New Objective.

The screenshot shows the 'myAvatar 2020' interface for client BRANDY TEST. The header displays client details: TEST, BRANDY (788448518), Ep: 1 : zACAC-OP-Franklin, Admission Date: 08/22/2014, Preferred Name: -, Location: Testing Only, and DX P: -. The main content area shows a 'Client Plan' for BRANDY TEST with a 'Goal' section. The goal text is 'Enter client's first goal'. Below the goal text are several form fields: Date Opened (10/30/2020), Date Due, Staff Assigning (TRAINER\_FOUR), Staff Responsible, Date Closed, and Status (In Progress). At the bottom of the form, there is a button labeled 'Add New Objective' which is highlighted with a red circle.

22. Enter the client's Objective make sure to follow all documentation guidelines per Quality Management.
23. The Date, Status, and Staff fields are the same fields that are found in the Goals section.
24. Enter the Client's Objectives in their own words. This section is not red and required to save the form, however; it is required per QM's documentation requirements.
25. Additional Objectives can be added to your goal. To do this you would click on your Objective in the display above and then click on Add New Objective once you have completed the Interventions for the first Objective.

The screenshot shows the 'myAvatar 2020' interface for client SCARLETT L TEST. The header displays client details: TEST, SCARLETT L (788458726), Ep: 9 : El Hogar-Guesthouse-Bercut, Admission Date: 10/20/2020, Preferred Name: -, Location: 123 County Way, Sacrame..., and DX P: -. The main content area shows a 'Client Plan' for SCARLETT L TEST with a 'Goal' section. The goal text is 'Enter client's first goal'. Below the goal text are several form fields: Date Opened, Date Due, Staff Assigning, Staff Responsible, Date Closed, and Status. At the bottom of the form, there is a button labeled 'Add New Objective' which is highlighted with a red circle. A black arrow points to the 'Add New Objective' button.

26. Click Add New Intervention to add an Intervention to your Objective.
27. Enter the Intervention make sure to follow all documentation guidelines per Quality Management.
28. Indicate the Type of Intervention
29. Enter the Duration and Frequency of the Intervention.
30. Additional Interventions can be added to your objective. To do this you would click on Add New Intervention once you have completed your first Intervention.
31. Additional Goals can be added to your Reasons for Services. After entering the Objective and Intervention you can click on your Reasons for Services at the top of the plan and then click Add New Goal.



A New Goal section will be added to your Plan. You are able to follow those same steps to add additional Objectives or Interventions.

32. The same process is done if a new reason for service needs to be added. Click on the Client Plan name on the top of your plan and then click Add New Problem.

myAvatar 2020

TEST, BRANDY (788448518) Ep: 1 : zACAC-OP-Franklin Preferred Name: - DX P: -  
 Admission Date: 08/22/2014 Location: Testing Only, ,

Client Plan: BRANDY TEST

Problem: Enter reason for service here...

Goal  
 Enter client's first goal

Objective  
 Objective #1

Intervention  
 Intervention #1

Add New Problem Add New Goal Add New Objective Add New Intervention Delete Selected Item

Select Problem To Edit

Problem: Unspecified anxiety disorder Other

Date of Onset Status

Problem: Enter reason for service here... Status

Date Opened Status

10/30/2020 In-Progress

Back to Plan Page Exit to Home View

33. If at any point a section needs to be removed you can highlight the section above and then click on the Delete Selected Item button. Please note if a section needs to be deleted it has be deleted from the bottom up. For example, if a Goal needs to be deleted you would need to first delete the Intervention, then the Objective, and finally the Goal.

myAvatar 2020

148518) Ep: 1 : zACAC-OP-Franklin Preferred Name: - DX P: -  
 Admission Date: 08/22/2014 Location: Testing Only, ,

Client Plan: BRANDY TEST

Problem: Enter reason for service here...

Goal  
 Enter client's first goal

Objective  
 Objective #1

Intervention  
 Intervention #1

Add New Problem Add New Goal Add New Objective Add New Intervention Delete Selected Item

34. Each time you add a new item red flags will appear at the top until you have entered all red and required fields for that item.

myAvatar 2020

TEST, BRANDY (788448518) Ep: 1 : zACAC-OP-Franklin Preferred Name: - DX P: -  
 F Admission Date: 08/22/2014 Location: Testing Only, ,

Client Plan BRANDY TEST

Problem: Enter reason for service here...

Goal

Enter client's first goal

Objective

Objective #1

Intervention #1

Intervention #1

Date Opened: 10/30/2020

Staff Assigning: TRAINER, FOUR

Staff Responsible:

Status: In progress

Type of Intervention

Frequency of Intervention

Duration of Intervention: 6 months

Date Closed:

Date Due:

Predefined: No Yes

Back to Plan Page Exit to Home View

35. Once all of the red and required fields in that section have been completed the red flags will go away.

myAvatar 2020

TEST, BRANDY (788448518) Ep: 1 : zACAC-OP-Franklin Preferred Name: - DX P: -  
 F Admission Date: 08/22/2014 Location: Testing Only, ,

Client Plan BRANDY TEST

Problem: Enter reason for service here...

Goal

Enter client's first goal

Objective

Objective #1

Intervention #1

Intervention #1

Date Opened: 10/30/2020

Staff Assigning: TRAINER, FOUR

Staff Responsible:

Status: In progress

Type of Intervention

Frequency of Intervention: 1 to 3 times per week

Duration of Intervention: 6 months

Date Closed:

Date Due:

Predefined: No Yes

Back to Plan Page Exit to Home View

36. Once you have completed your client plan click the Back to Plan Page button on the bottom right of the page. On the Plan Page enter in your Plan Participants.

myAvatar 2020

Home | Brandy T | Preferences | Lock | Sign Out | Switch | Help | callahan16 | Allergies (0)

TEST, BRANDY (788448518) | Ep: 1 : zACAC-OP-Franklin | Preferred Name: - | DX P: -  
 F | Admission Date: 08/22/2014 | Location: Testing Only, ,

Client Plan

Submit

Plan Name: Test #1

Plan Type: Client Treatment Plan

Plan End Date: 10/23/2021

Next Review Date: 09/08/2021

Last Updated By: Stacey Callahan

Treatment Plan Status:  Draft  Pending  Final

Team Member To Notify: [ ]

Launch Plan

Plan Participants

	Role	Staff ID	Participant Name	Plan Author	Notification	Is a Release on
1	[ ]					

37. Double click on the Role field and choose the participant role.
38. Double click on Staff ID and enter the staff ID of the participant if the participant is a staff member or enter last name, first name (no spaces) and tab or hit Enter to populate the field.
39. Double click on Participant Name and type in the participants name into the text box. Click Ok. If the participant is a staff member this will automatically populate based on what you entered into Staff ID.
40. Double click on the Plan Author field and indicate whether the participant is the plan author by selecting Yes or No.
41. Double click on Notification and indicate whether this participant should be notified on the Next Review Date by selecting Yes or No.
42. Double click on Is a Release on File and indicate whether a release of information is on file for this participant by selecting Yes or No.
43. To add a new participant click New Row below the table.

myAvatar 2020

TEST, BRANDY (788448518) Ep: 1 : zACAC-OP-Franklin Preferred Name: - DX P: -  
 F Admission Date: 08/22/2014 Location: Testing Only, , Allergies (0)

Client Plan

Next Review Date: 09/08/2021

Team Member To Notify

Launch Plan

Plan Participants

	Role	Staff ID	Participant Name	Plan Author	Notification	Is a Release on File
1	Staff Member - I...	TRAINER,FOUR ...	TRAINER,FOUR	Yes (Y)	Yes (Y)	No (2)

New Row Delete Row

44. Scroll down the page and enter the client's Discharge Planning.
45. At the very bottom of the page you will sign the plan, and have the client, and caregiver if applicable sign the plan, click on the Signature button to open the signature box. If they are not able to sign the plan choose a reason from the drop-down. If you choose Other, the Reason-Other box will become enabled. The client signatures should be completed after the client plan has been completed.
46. The client should be offered a copy of the Client Plan. Indicate the date a copy was offered and indicate whether the client accepted it.

myAvatar 2020

TEST, BRANDY (788448518) Ep: 1 : zACAC-OP-Franklin Preferred Name: - DX P: -  
 F Admission Date: 08/22/2014 Location: Testing Only, , Allergies (0)

Client Plan

Reason - Other

Reason No Client Signature was Collected

Reason No Caregiver Signature was Collected

Clinician Signature

Guardian / Caregiver Signature

Date Client/Significant Support Person was offered a copy of the Client Plan

Client/Significant Support Person was offered a copy of the Client Plan

Would like a copy of the Client Plan

Declines a copy of the Client Plan

47. Once the plan has been completed, scroll back up to the top of the page, change the status from Draft to Final. Submit to save.



# Sacramento County DBHS

## Report Inventory

Report	Description	Update	Provider MHPM	Provider MHCWS	Provider SUPTPM	Provider SUPTCWS	Provider Special	County Access	MHTC	UR	County
Access Assigned Clinician Report	Obsolete	9/30/20						X			
Active Authorization Report	All authorizations to a program between a date range, regardless of assignment. **NOTE- Most programs are no longer "authorized", contact your Monitor with questions	9/30/20	X					X	X		X
Active Client Current SUD Assessments	Report to see current open clients and when the last SUD Assessment has been completed in a program.	9/30/20			X	X					
Active Client Eligibility Comparison	Compares program active clients with the Monthly MEDS file by SSN and flags cases where the Avatar CIN for medi-cal does not match the MEDS CIN and shows Eligibility Status, primary aid code and special aid codes 1 and 2	9/30/20					X		X		X
Active Client FIF Status	For the program selected, shows currently open clients with the most recent FIF form scanned using the origination date. Clients with no FIF or with the most recent over a year old highlighted.	9/30/20	X								X
Active Client Final Assessments	For the Program selected, returns all active clients and the dates of all finalized non psychiatric assessments in their episode. Includes HQ, MSE, Core, Plan, LOCUS, CODA, Vocational, ANSA, CANS	9/30/20		X							
Active Client Initial Assessments	Similar to the Active Client Final, but for admissions in a date range and showing the FIRST of each assessment type and time to each	9/30/20		X							X
Active Client Next Appointment	For the program selected, reports all clients with their next scheduled appointment	9/30/20					X				
Active Client Plan and Core Status	For currently open episodes at a program, shows the admit date, the start date, the current plan date and the current Core Assessment date	9/30/20		X							
Active Client Psychiatric Assessments	For currently open episodes at a program, shows current status of the Psychiatric Assessment items	9/30/20		X							



Report	Description	Update	Provider MHPM	Provider MHCWS	Provider SUPTPM	Provider SUPTCWS	Provider Special	County Access	MHTC	UR	County
<b>Active Clients with Non Episodic Scans</b>	For currently open clients at the selected program, shows all documents scanned as NON EPISODIC into provider categories other than "Financial Information Form"	9/30/20					X				
<b>Active Medicare without Valid MBI</b>	Active clients with a MediCare guarantor and without a valid MBI on file	9/30/20	X								X
<b>Active Order Codes Report</b>	Order Entry/ EMAR related report- currently not in use	9/30/20							X		
<b>Active Program Report</b>	DBHS administrative report of currently active Avatar programs.	9/30/20									X
<b>Active Service Code Report</b>	List of currently active service codes	9/30/20	X		X	X					X
<b>Address Error Report</b>	Currently open clients where Address 1 or 2 fields have leading or trailing spaces, 99999 zip code or blank city	9/30/20									X
<b>Admit Detail by Program (SAC)</b>	Display detailed client information for admissions occurring between the date range entered by the user and for the selected programs	9/30/20	X		X			X	X		X
<b>Admits/Discharges By Program</b>	Displays total number of admissions and discharges to programs in the user's System Code during the date range selected.	9/30/20	X			X		X	X		X
<b>Adult Health Questionnaire Report</b>	Client based stand alone report of a specific Adult Health Questionnaire.	9/30/20		X				X		X	
<b>Adult Mental Status Exam Report</b>	Client based stand alone report of a specific Adult Mental Status Exam.	9/30/20		X			X	X		X	
<b>AIMS Report</b>	Client based stand alone report of a specific AIMS assessment.	9/30/20		X				X	X	X	
<b>ANSA Chart Report</b>	Client based graph over time report of ANSA dimensions	9/30/20		X							
<b>ANSA Narrative Report</b>	Client based report that shows up to 3 (first, current and second most current) ANSA grouped by score categories and flagging as red/yellow/green based on need and strength indicators on the most recent	9/30/20		X							
<b>ANSA Program Summary</b>	Summary of ANSA for open clients similar to the CANS version	9/30/20		X							
<b>ANSA Report</b>	Detail view of a specific ANSA with scoring	9/30/20		X							
<b>Approved Voids</b>	For fiscal processing the deletion of services that are approved as voids	9/30/20									X
<b>Assessments Finalized Past Day 60</b>	For the Program Selected, for Admit dates in the date range selected, shows clients with Core Assessments completed more than 60 days from the date of admission.	9/30/20		X				X			

Report	Description	Update	Provider MHPM	Provider MHCWS	Provider SUPTPM	Provider SUPTCWS	Provider Special	County Access	MHTC	UR	County
Assessments Stuck in Draft	For the Program Selected, shows Core Assessments & Mobile Screening and Aesessments which are in draft status and have been for more than 60 days	9/30/20		X				X			
Authorization Check Report	Report of all open clients by program, showing the status of their most recent authorization and last date of service. **NOTE- Most programs are no longer "authorized", contact your Monitor with questions	9/30/20	X		X						X
Cal OMS Admission Data Export	Excel file format export of all Cal-OMS Admission elements.	9/30/20			X	X					
Cal OMS Admission Report	Report of an individual Cal-OMS Admission entry	9/30/20			X	X					
Cal OMS Admission/Discharge Report	Program based Cal-OMS reminder report for missing admissions and discharge items.	9/30/20			X	X					
Cal OMS Annual Update Census	Clients open to a program who are due for an annual (due by the admit date anniversary but can be completed up to 60 days prior) - shows all and which are completed	9/30/20			X	X					
Cal OMS Annual Update Data Export	Excel file format export of all Cal-OMS Annual Update elements.	9/30/20			X	X					
Cal OMS Annual Update Report	Report of an individual Cal-OMS Annual entry	9/30/20			X	X					
Cal OMS Discharge Data Export	Excel file format export of all Cal-OMS Discharge elements. Includes all elements from all 3 Cal-OMS Discharge forms.	9/30/20			X	X					
Cal OMS Discharge Missing Items Report	On the assumption that all elements of a discharge are required, flags sections of any discharge where an element is missing based on the type of discharge form being used.	9/30/20			X	X					
Cal OMS Discharge Report	Report of an individual Cal-OMS Discharge entry ( for any of the 3 types)	9/30/20			X	X					
Call Search	Based on the Access Calls form, returns the full information for one call based on search criteria used	9/30/20						X			
Call Summary	Based on the Access Calls form, returns all calls within the date range selcted. Summary information at the bottom.	9/30/20						X			
CANS 50 and Sac Supplemental	Full detail version showing all contents for the Child and Adolescent Needs and Strengths form and the associated Sacramento Supplemental form.	9/30/20		X						X	

Report	Description	Update	Provider MHPM	Provider MHCWS	Provider SUPTPM	Provider SUPTCWS	Provider Special	County Access	MHTC	JR	County
<b>CANS 50 and Sac Supplemental Chart</b>	Graph based version of all records for a selected client and episode showing change over time for the Child and Adolescent Needs and Strengths form and the associated Sacramento Supplemental form.	9/30/20		X						X	
<b>CANS 50 Narrative Report</b>	Client based report that shows up to 3 (first, current and second most current) CANS grouped by score categories and flagging as red/yellow/green based on need and strength indicators.	9/30/20	X	X							X
<b>CANS 50 Plus Program Export</b>	Excel file format export of all CANS 50 elements.	9/30/20		X							
<b>CANS 50 Program Summary</b>	Report for open clients. It shows a history of all CANS and supplementals done along with their statuses.	9/30/20	X	X							
<b>CANS Chart Report</b>	OBSOLETE - old CANS version	9/30/20		X				X			
<b>CANS Program Census</b>	OBSOLETE - old CANS version	9/30/20		X							
<b>CANS Program Export</b>	OBSOLETE - old CANS version	9/30/20		X							
<b>CANS Program Outcomes</b>	OBSOLETE - old CANS version	9/30/20		X							
<b>CANS Report</b>	OBSOLETE - old CANS version	9/30/20		X						X	
<b>Census Maintenance Report</b>	Provides a list of all currently open clients with possible issues highlighted in red, including: start date, service coordinator, missing policy numbers, eligibility verification	9/30/20	X		X			X	X		X
<b>Child Health Questionnaire Report</b>	Client based stand alone report of a specific Child Health Questionnaire.	9/30/20		X				X		X	
<b>Child Mental Status Exam Report</b>	Client based stand alone report of a specific Child Mental Status Exam.	9/30/20		X				X	X	X	
<b>Claims by Guarantor and Claim Date</b>	The purpose of this report is to identify specific services that were claimed to DHCS on a particular day. This is an exception report, and as such, it should be used as communicated by DBHS Fiscal Services using the parameters provided. They will provide	9/30/20					X				X
<b>Client Data Sheet (CDS)</b>	Avatar generated version of the existing CDS. Also includes the most recent MEDS file extract information if available and current Infoscriber medication and allergy information. See the "version" subreport for detailed information on where each section	9/30/20	X	X		X			X	X	X
<b>Client Demographics Report</b>	Displays client demographic information by Program for clients with an open episode between the date range entered by the user.	9/30/20	X		X	X		X	X		X

Report	Description	Update	Provider MHPM	Provider MHCWS	Provider SUPTPM	Provider SUPTCWS	Provider Special	County Access	MHTC	UR	County
<b>Client Diagnosis Report</b>	Displays client diagnosis information by Program for clients with an open episode between the date range entered by the user.	9/30/20	X	X	X	X		X	X		X
<b>Client Ledger (SAC)</b>	Displays service, liability and payment information by episode. Data is presented based on date range entered by the user. Includes sub reports of Client demographics, Diagnosis History and payment history	9/30/20	X		X	X		X	X		X
<b>Client Orders by Team and Type Report</b>	Order Entry/ EMAR related report- currently not in use	9/30/20							X		
<b>Client Plan Report</b>	Basic treatment plan report, includes all sections from the treatment plan.	9/30/20		X				X		X	
<b>Client Prescription History</b>	OrderConnect report of clients prescription history	9/30/20		X					X		
<b>Client Resources by Type</b>	Displays information for a selected resource type for all client episodes within the users system code.	9/30/20	X	X	X						X
<b>Client Resources Report</b>	Displays information that has been entered for a client in Client Resources Option. This information includes family, primary physician information, ALTA, probation/parole, etc.	9/30/20	X	X				X	X	X	X
<b>Client Services Report (Daily Count)</b>	Provides a Calendar Layout view of All services provided in a chosen month, by Service Code, with totals for each client.	9/30/20	X	X	X						X
<b>Client Services Report (Excel Export)</b>	Program level service report. All of these look at services as entered, regardless of guarantor status. This is the most "export" friendly of the Client Service Reports. - UNIT based	9/30/20	X		X	X	X	X	X		X
<b>Client Services Report (Multi Program)</b>	Modified version of the Client Services Report (Excel Export) which returns all clients open to the programs selected (more than one can be selected) during the reporting period. UNIT based	9/30/20					X				
<b>Client Services Report (Practitioner)</b>	Provides a list of services between a chosen date range for a specific practitioner- UNIT based	9/30/20	X	X		X		X	X		X
<b>Client Services Report (Program)</b>	Modified version of the Client Services Report which returns all clients open to the program during the reporting period, with a page break on client, with their services (or a note if there were none) for an individual program. UNIT based	9/30/20	X		X	X		X	X		X
<b>Client Services Report (Single Client)</b>	Provides service information by client. Data includes service date, service code, units - UNIT based	9/30/20	X		X	X		X	X		X

Report	Description	Update	Provider MHPM	Provider MHCWS	Provider SUPTPM	Provider SUPTCWS	Provider Special	County Access	MHTC	UR	County
<b>Client Services Report (Weekly Staff)</b>	This is a week at a glance summary of the service durations for each practitioner in a given program with totals by client and day of service. DURATION based. This report can be run for a single staff.	9/30/20	X	X		X					
<b>Client Vitals Report</b>	Formerly MHTC only and named "Vital Signs List". A list of all currently open clients for the program selected with their most recent vitals information	9/30/20		X					X		
<b>Clients Active in Multiple Programs(SAC)</b>	Provides real time information regarding clients with an open episode at another provider for purposes of coordination of care.	9/30/20	X	X				X	X		X
<b>Clinical Assessment Report</b>	MHTC version of the core assesement - for ISU only	9/30/20					X		X		
<b>Clinical Assessments by Clinician</b>	For Non Inpatient episodes open between the start and end date selected, shows all clients and the status of their last MHTC Clinical Assessment.	9/30/20					X		X		
<b>CODA Report</b>	Client based stand alone report of a specific CODA assessment.	9/30/20		X				X		X	
<b>Core Assessment Report</b>	Client based report including information from the Core Assessment option. Allows for inclusion of linked assessment tools (like the CODA, LOCUS, etc.) or for simultaneous printing of all linked assessments.	9/30/20		X				X		X	
<b>Cost by Resource Report</b>	Report by Client Resource "Type" of all charges between a date range	9/30/20									X
<b>Crestwood PHF Admissions by Program</b>	Similar to the MHTC version, but for the PHF only	9/30/20							X		
<b>Crestwood PHF Census Report</b>	Similar to the MHTC version, but for the PHF only	9/30/20							X		
<b>Crestwood PHF Discharge Report</b>	Similar to the MHTC version, but for the PHF only	9/30/20							X		
<b>CSI Assessment Issue Report</b>	Clients with a Treatment Start Date or a Close Out Date on the CSI Assessment form but the submission checkbox is still "no"	9/30/20	X								
<b>Current Client Address Report</b>	For clients currently open to the selected program for a date range, returns address information.	9/30/20	X		X	X			X		
<b>Current Liabilities</b>	Replaces the "Outstanding Liabilities" report, shows current (unadjudicated) liabilities.	9/30/20									X
<b>Current Open Admissions by Program</b>	System code secure crosstab report of programs and currently open admits.	9/30/20						X			X

Report	Description	Update	Provider MHPM	Provider MHCWS	Provider SUPTPM	Provider SUPTCWS	Provider Special	County Access	MHTC	JR	County
Deleted Service Report (Fiscal)	For the date range selected, shows deleted services grouped by program	9/30/20									X
Deleted Services Report (Program)	For the program and date range selected, shows services deleted	9/30/20	X		X	X					X
Detailed Authorization	Shows the details of the Managed Care Authorization form for the selected client **NOTE- Most programs are no longer "authorized", contact your Monitor with questions	9/30/20	X	X				X			X
Detailed Outpatient Census	Obsolete census version, use the "NEW" one	9/30/20									X
Detailed Outpatient Census NEW	Provides a list of clients open to a program during a date range with Primary and Secondary funding source, service coordinator, provider start date and length of stay	9/30/20	X		X	X		X	X		X
DHCS Duplicate Service Report	Service related report, looks for services on the same date with a matching HCPC code. Requires entering of modifiers PRIOR to claiming.	9/30/20					X				X
Diagnosis and Movement History	Displays diagnosis and episode history by client. Does not include any historical information on ADS episodes.	9/30/20	X	X				X	X	X	X
Dietary Orders Report	Order Entry/ EMAR related report- currently not in use	9/30/20							X		
Discharge Detail by Program (SAC)	Provides detailed client information by program for the date range and program(s) selected by the user.	9/30/20	X		X	X		X	X		X
DSM5 Diagnosis by Program	For the selected program, shows all currently open clients, the status of their DSM 5 Diagnosis and either the Service Coordinator or the Diagnosing Clinician based on the parameter selected	9/30/20	X	X	X	X			X		X
EBP Services by Program	Returns all services in the date range selected for the selected program that have any value in the CSI or Additional SS/EBP fields and counts numbers for each type in the footer.	9/30/20	X	X							X
Expired ICD10	Clients with a current diagnosis including one of the expired codes	9/30/20	X	X		X	X				
Expiring Authorizations	Identifies authorizations that will expire within the date range entered by the user. **NOTE- Most programs are no longer "authorized", contact your Monitor with questions	9/30/20	X					X	X		X
Expiring License Report	Provides a list of practitioners with expiring licenses for MH admin.	9/30/20									X
Expiring Orders One Day Report	Order Entry/ EMAR related report- currently not in use	9/30/20							X		
Expiring Orders Report	Order Entry/ EMAR related report- currently not in use	9/30/20							X		

Report	Description	Update	Provider MHPM	Provider MHCWS	Provider SUPTPM	Provider SUPTCWS	Provider Special	County Access	MHTC	UR	County
<b>First Liabilities Report</b>	Service is during the date rangeLiability is > \$0Service is not DELETEDADS runs for RRG 7206000 ONLY. MH runs for all BUT 7206000only the ORIGINAL FIRST INSTANCE of the service is returned- this means for transferr, only the FIRST liability is reflecte	9/30/20									X
<b>Fiscal Deleted Services Report</b>	Patient based report that shows deleted services and the user who deleted it in the date range selected.	9/30/20									X
<b>Fiscal Modifier Error Report</b>	Fiscal only report of services entered with bogus modifiers	9/30/20									X
<b>Fiscal Posting Details Report</b>	For the patient, returns posting details within the date range selected and for the posting codes selected.	9/30/20									X
<b>Fiscal Program Report</b>	A report of all programs regardless of status for Fiscal maintenance work.	9/30/20									X
<b>Fiscal Year Summary</b>	One page fiscal year summary report by program with charts depicting: Admits, Discharges, Unduplicated Clients Served, LOS for Discharges, Unduplicated Clients Enrolled, Services by Month and Services by top 20 providers.	9/30/20					X	X			X
<b>Follow Up Note Report</b>	Report of fiscal follow-up notes entered by category in the date range selected.	9/30/20									X
<b>Group Services without Clients</b>	For the Program Selected, for the Service Date range selected, shows group services which have no "Number of Clients in Group" entered.	9/30/20	X				X				
<b>Guarantor 99999 Provider Report</b>	Services which have no guarantor to which the liability can distribute	9/30/20	X		X		X	X	X		X
<b>Guarantor Order Check</b>	Report to show clients open to a selected program where the guarantor order does not match the required order for claiming	9/30/20					X				
<b>Guarantors by Class Report</b>	Guarantor report of all guarantors by financial class. If you have a guarantor that is not on this list, you can submit the necessary information to Avatar-Fiscal@Saccounty.net to have it added.	9/30/20	X		X			X			X
<b>Health and Review of Systems by Team</b>	Team based report of open patients and the status of their Health and Review of Systems and Health and Review of System 2	9/30/20							X		
<b>High Utilization Report</b>	Provides a list of clients with services in a given date range showing the clients with the top 8 total costs for that date range for each program.	9/30/20	X		X						X

Report	Description	Update	Provider MHPM	Provider MHCWS	Provider SUPTPM	Provider SUPTCWS	Provider Special	County Access	MHTC	UR	County
<b>Hospital Admission Report</b>	Report for a date range showing clients with 3 or more admissions to one of the facilities considered a "hospital". See subreport details for a list of the programs included.	9/30/20							X		X
<b>ICD10 ALL Open Clients</b>	All open clients as of print date with their current bill order 1 diagnosis	9/30/20									X
<b>ICD10 Diagnosis by Program</b>	Report of open clients at the selected program and their ICD 10 (or lack thereof) diagnosis	9/30/20	X	X	X	X			X		X
<b>Initial Psychiatric Assessment Report</b>	Report based on the Initial Psychiatric Assessemnt form completed by Doctors	9/30/20		X				X		X	
<b>Inpatient 72 Hour Plan Report</b>	For all Inpatient clients, shows the status of both their interdisciplinary plan and their nursing plan, and shows the time since admit flagging those within 72 hours who still don't have both in final	9/30/20							X		
<b>Inpatient Aftercare Plan</b>	Client and Episode Based: Pulls information from the Discharge elements from the MHTC Client Tracking option, attending MD, current orderconnect meds, first 2 of each axis I and II DX from the discharge DX as well as the prognosis from the Discharge DX,	9/30/20							X		
<b>Insulin Administration Report</b>	Order Entry/ EMAR related report- currently not in use	9/30/20							X		
<b>Lab Orders by Program</b>	For currently open clients to the program, shows labs ordered within a date range	9/30/20		X							
<b>Legal Status Census</b>	For episodes and legal status records in a selected date range, reports on one or more selected legal status within the users system code	9/30/20	X						X		
<b>Linkages and Referrals Report</b>	Based on linkages selected on the Progress Note, this returns a summary of distinct clients with each type of linkage in a date range based on the users System Code, with an optional Program parameter	9/30/20		X							X
<b>LOCUS Program Status</b>	For the selected program, list all open clients with their first and last LOCUS completed since the date selected. Shows a count and red flags those where the counts doesn't match the expected.	9/30/20		X							X
<b>LOCUS Report</b>	Report based on the LOCUS	9/30/20		X				X		X	
<b>Lost Add On Services Report</b>	Report to identify cases where the add on elements of a services are currently a liability on a guarantor other than the one that the associated primary for the services is on.	9/30/20	X				X				X



Report	Description	Update	Provider MHPM	Provider MHCWS	Provider SUPTPM	Provider SUPTCWS	Provider Special	County Access	MHTC	UR	County
<b>Manual Postings by Program</b>	To allow fiscal to communicate posting information (PCCN and reasons) for postings that have to be done manually using posting codes 600 and 602.	9/30/20	X		X						X
<b>MAT Services Report</b>	Service report to track MAT services provided in 1 day	9/30/20			X	X					X
<b>Medicare/MediCal Services with no Policy</b>	Service related report, looks for services at a selected program falling to a Medi-Cal or Medicare guarantor where the client has no CIN/Policy for that guarantor	9/30/20	X		X		X		X		X
<b>Medicare/Medical with No Policy (Fiscal)</b>	Fiscal report for all programs	9/30/20									X
<b>Medication Service Plan Report</b>	Client based report that displays information entered in the Medication Service Plan modeled option	9/30/20		X						X	
<b>Merged Client Report</b>	Report of merged patient records	9/30/20									X
<b>MHTC Acute Care Utilization</b>	Provides admits to Inpatient and Crisis by program within a date range	9/30/20	X						X		X
<b>MHTC Acute Day Report</b>	Old	9/30/20							X		X
<b>MHTC Admissions by Program Report</b>	Similar to the MHTC Census, but for clients admitted between a date range, and grouped by program	9/30/20							X		X
<b>MHTC Advanced Behavioral Dir Report</b>	For the new Advanced Behavioral Directive	9/30/20							X		
<b>MHTC Client Admit History</b>	Old	9/30/20							X		X
<b>MHTC Client Note Report</b>	Client based progress note report for the MHTC progress note	9/30/20							X		
<b>MHTC Daily Provider Census</b>	Provides real time information regarding crisis and inpatient admissions to the Mental Health Treatment Center. This is used by MHTC and Outpatient Providers for purposes of coordination of care.	9/30/20	X					X	X		X
<b>MHTC Discharge Report</b>	Similar to the Admission by Program, but based on discharges in date range selected	9/30/20							X		
<b>MHTC Discharge Summary</b>	Summary of multiple discharge items pulling from Diagnosis, orders, and the MHTC Client Tracking option	9/30/20							X		
<b>MHTC Discharged Crisis Services LOS</b>	For discharged clients, accounts for leave tracking absences in LOS determination.	9/30/20							X		X
<b>MHTC Draft Items</b>	Shows all MHTC assessments that are in draft status	9/30/20							X		
<b>MHTC Group Note Report</b>	Shows group note details for the date range selected	9/30/20							X		
<b>MHTC Historical Census</b>	Date Based Census Information for the Mental Health Treatment Center with LOS	9/30/20							X		

Report	Description	Update	Provider MHPM	Provider MHCWS	Provider SUPTPM	Provider SUPTCWS	Provider Special	County Access	MHTC	UR	County
<b>MHTC Inpatient Client Readmission</b>	Provides a list of clients that have been re-admitted to the Inpatient Program at the MHTC within 90 days.	9/30/20							X		X
<b>MHTC Interdisciplinary TX Plan Report</b>	MHTC version of the Client Plan Report	9/30/20							X		
<b>MHTC IPA Report</b>	MHTC verions of the Initial Psychiatric Assessment, client based.	9/30/20							X		
<b>MHTC Lab Orders Report</b>	Order Entry/ EMAR related report- currently not in use	9/30/20							X		
<b>MHTC Locus Report</b>	LOCUS report which is built to use the MHTC template in the LOCUS General Comments field.	9/30/20							X		
<b>MHTC Med Pour NOW Report</b>	Order Entry/ EMAR related report- currently not in use	9/30/20							X		
<b>MHTC Med Pour Report</b>	Order Entry/ EMAR related report- currently not in use	9/30/20							X		
<b>MHTC MERT Census Detail</b>	Provides a detailed report on currently open MERT clients	9/30/20							X		X
<b>MHTC MERT Discharge Summary</b>	Provides a report on discharged clients within a date range	9/30/20							X		X
<b>MHTC MERT Monthly Summary</b>	Provides a month snapshot of MERT admits broken down by shift, with shift totals by day and month.	9/30/20							X		X
<b>MHTC NEW Census</b>	Provides Real Time Census Information for the Mental Health Treatment Center. Report provides option of alphabetic sort by patient name or sort by room number.	9/30/20							X		X
<b>MHTC NEW Recidivism</b>	Recidivism report for 18+ discharges in a date range	9/30/20							X		X
<b>MHTC Note Search</b>	Client Note Search	9/30/20							X		
<b>MHTC Notes by Program and Type</b>	Progress notes for the selected program and note type in an incident date range	9/30/20							X		
<b>MHTC Nursing Assessment Report</b>	Summary of the Nursing Assessment Bundle items (Health and Review of Systems, Health and Review of Systems 2, Vitals, Allergies and Hypersensitivities)	9/30/20							X		
<b>MHTC Nursing Care Plan</b>	Version of the MHTC Treatment Plan report that was stripped down and streamlined. Also added in a date range based section in the footer that shows interventions on the plan that were end dated in the date range	10/28/20							X		
<b>MHTC Open Crisis Services LOS</b>	Provides real time length of stay for the crisis program at MHTC (current admissions). Includes adjusted number of minutes/hours based on leave data entered. This report can be utilized to determine number of billable crisis units as well as monitoring t	9/30/20							X		X

Report	Description	Update	Provider MHPM	Provider MHCWS	Provider SUPTPM	Provider SUPTCWS	Provider Special	County Access	MHTC	UR	County
<b>MHTC Progress Note Staff Report</b>	Staff based version of the progress notes report, allows for reporting for one or more staff from your system code, flags notes missing co-signatures and in pending draft status. Summarizes by practitioner total hours and counts of notes.	9/30/20							X		
<b>MHTC Property Discharge Report</b>	Inventory report of property at discharge including Nursing Discharge Comments	9/30/20							X		
<b>MHTC Property Inventory Report</b>	Client based list of property in the episode by check in date (defaults to episode admit date through today, but can be changed)	9/30/20							X		
<b>MHTC Property ITEM Report</b>	For the patient and episode selected, shows items checked in during the date range	9/30/20							X		
<b>MHTC Provider Census by Date</b>	Same as census, but can be run for a chosen date range	9/30/20	X						X		X
<b>MHTC Quick Census</b>	Provides current census information for the inpatient program at the MHTC. Shows Room, Bed and Treatment Team information.	9/30/20							X		X
<b>MHTC Team Worksheet</b>	Census and Team Based list of inpatient client with practitioners and placement information.	9/30/20							X		
<b>MHTC Treatment Team Review</b>	concatenation of all kinds of relevant CURRENT info for the team selected, Team based, split into Acute and Admin	9/30/20							X		
<b>MHTC Weekly Nursing Summary Report</b>	Team based report of open patients and the status of their weekly nursing summary notes.	9/30/20							X		
<b>Missing CSI by Program</b>	Shows all clients in a date range with missing CSI elements.	9/30/20	X	X					X		X
<b>Missing CSI Service Information</b>	Shows all services in a date range with missing CSI information.	9/30/20	X	X							X
<b>Mobile Screening Assessment Report</b>	Corresponds to the Mobile Crisis Assessment option	9/30/20		X			X		X		
<b>Multi Program Census</b>	Same details as the Detailed Outpatient Census that can be run for up to 15 programs at a time.	9/30/20	X	X							
<b>Multiple Responses per Service Request</b>	For the program selected, shows currently open clients with their assigned attending and admitting practitioners	9/30/20						X			
<b>My Clients Maintenance</b>	Version of the Practitioner Productivity by Program report that a user can only run for their own records	9/30/20	X								
<b>My Productivity Report</b>	Report to identify clients whos ICD10 Diagnosis is not in the list of those approved by DHCS	9/30/20	X		X						

Report	Description	Update	Provider MHPM	Provider MHCWS	Provider SUPTPM	Provider SUPTCWS	Provider Special	County Access	MHTC	UR	County
<b>New Pharmacy Orders Report</b>	Report to identify clients whos ICD10 Diagnosis is not in the list of those approved by DHCS, but can be run for a historical date range	9/30/20							X		
<b>Non DHCS ICD10</b>	For the date range selected, pulls OHC payments (posting code 300 and 303) and groups by porgram.	9/30/20	X		X						X
<b>Non DHCS ICD10 Historical</b>	Report of Pending OHC claims with a claim date between the selected date range.	9/30/20	X		X						X
<b>OHC Stale Claims</b>	Open claims for OHC in a date range	9/30/20					X				X
<b>Open Charges by Program</b>	For the date range selected, returns open liabilities	9/30/20					X				X
<b>OrderConnect Prescriber RX History</b>	Report of all prescriptions in a date range for the logged in prescriber. Broken down by agent.	9/30/20		X							
<b>OrderConnect QM Agent RX History</b>	Report of all prescriptions in a date range by a selected agent. Broken down by prescriber.	9/30/20									X
<b>OrderConnect QM All RX History</b>	Report of all prescriptions in a date range, broken down by prescriber and the agent who prescribed.	9/30/20									X
<b>Outreach Scheduling Report</b>	For appointments at site selected, shows the outreach data elements	9/30/20					X				X
<b>Outstanding Appointments</b>	By system code and "Thru Date", reports on appointments without either a Missed Visit or a Service associated.	9/30/20					X				
<b>Paid Aid Code Report</b>	Report of payments in a date range based on paid aid code.	9/30/20									X
<b>Paid Rebills</b>	Approved claims where the rebilled service is not the same as the original service and the original service is not DELETE and the 835 was loaded in the past XXX days	9/30/20									X
<b>Patient Lab Result Details</b>	Report to show lab result details.	9/30/20		X							
<b>Payment/Adjustment/Transfer Summary</b>	RENAMED- was OHC Payment Report. Add in multi parameter for posting code selection and add in claim number of PRIOR row	9/30/20									X
<b>PCCN for Client Services</b>	OLD- pulls in all services for a client/episode and the PCCN for each	9/30/20									X
<b>PCCN Lookup</b>	For the selected PCCN, shows the details of the related service information	9/30/20									X
<b>Pending Authorizations</b>	All authorizations to a program, both initial and re-authorizations which have not been assigned a service coordinator. **NOTE- Most programs are no longer "authorized", contact your Monitor with questions	9/30/20	X					X	X		X

Report	Description	Update	Provider MHPM	Provider MHCWS	Provider SUPTPM	Provider SUPTCWS	Provider Special	County Access	MHTC	UR	County
Pending List by Program	Based on the old pending list form, Obsolete	9/30/20					X				
Perinatal Services Missing Pregnancy	Guarantor 40350 Services where pregnancy range is either missing altogether, or the service falls outside the date range	10/1/20			X						X
Phase II Client Charge Status	This replaces the old PCCN reports, this is a client level detail of services with approvals or denials, including PCCN and denial reasons (if applicable)	9/30/20					X				X
Phase II Denials by Posting Date	This is a completely revised version of the Phase II Denials report. It is run by the date the 835 entered Avatar (was either compiled or posted). ADS only	9/30/20			X						X
Phase II Program Charge Status	This is a report by service date, which will give the current claim status of all medi-cal charges for a given date range (e.g. a month) for the selected program. Over time, this report will change, with "Pending" dropping as 835s are posted back, and th	9/30/20					X				X
Physical Report	Detailed report on specific Physical assessments.	9/30/20							X		
PIP Appointment Status	For the PIP agencies only, pulls in the status of appointments related to the PIP	9/30/20	X								
PPD Report	Order Entry/ EMAR related report- currently not in use	9/30/20							X		
Practitioner Productivity by Program	This is a report by Program OR System Code identifies all services provided within a date range entered by the user. The data is grouped by Practitioner. DURATION based	9/30/20	X		X	X		X	X		X
PreBilling Maintenance Report	Takes the place in effect of 3 existing reports: Missing Diagnosis, Missing Policy Number, Guarantor 99999. This pulls in all services since a start date for an entire system code (or it can be run optionally by a single program)They would get incl	9/30/20					X				
Presumptive Transfer Maintenance Report	Shows all clients currently in the special population of "Presumptive Transfer to Sacramento" and flags any with an end date prior to the start date or more than one on file	9/30/20						X			X
Program Charge Summary	This report has been move out of the "Obsolete" section with the following undersandings of its limitations. It reflects the guarantor of the FIRST liability of a service.	9/30/20	X		X			X			X
Program Dashboard Report	Provides a high level summary of an individual program including Open, last date of service, years since admit, and breakdowns by gender, race, age, ZIP, guarantor, diagnosis.	9/30/20	X		X	X		X			X

Report	Description	Update	Provider MHPM	Provider MHCWS	Provider SUPTPM	Provider SUPTCWS	Provider Special	County Access	MHTC	UR	County
<b>Program Financial Eligibility Summary</b>	Cleanup report unrelated to services, use it to catch: ? missing policy numbers? CINs with bad formats? clients with no guarantor? expired guarantors	9/30/20	X		X		X		X		X
<b>Program Ledger</b>	Program based version of the Client Ledger (SAC)	9/30/20	X				X				X
<b>Program Monthly Summary</b>	Program based report of admissions and discharges during a selected date range with summary on calculated averages at the end.	9/30/20	X		X			X			X
<b>Program OHC Stale Claims</b>	Claim Date based report for a selected program showing services claimed out to OHC which are still pending	9/30/20									X
<b>Program Service Summary</b>	Program based report of services during a selected date range with summary on calculated averages at the end	9/30/20	X		X			X			X
<b>Program Staff by Current Classification</b>	For the selected program and date range, shows staff who have provided a service and their current classification	9/30/20	X		X						X
<b>Progress Note Appended Report</b>	For a single program, for a selected date range, this is a report of appended progress notes, with a page break for each client.	9/30/20		X				X			X
<b>Progress Note by Service Chart</b>	Report by service date and program, optional parameters of STAFFID (full note text, one note per page)	9/30/20		X						X	X
<b>Progress Note by Service List</b>	Report by service date and program, optional parameters of PATID and STAFFID (list view with click through ability)	9/30/20		X							X
<b>Progress Note Filing Report</b>	For a single program, for a selected date range, this is a report of finalized progress notes entered, with a page break for each client.	9/30/20		X							X
<b>Progress Note Program Search</b>	Simiar to the above, but allows for key word search for a date range across a selected Program of service.	9/30/20		X				X			X
<b>Progress Note Search</b>	Client based report of progress notes. Allows for selection by date range, note type, staffID, draft/final status and a search word (i.e. "assault")	9/30/20		X				X		X	X
<b>Progress Note Staff Report</b>	Staff based version of the progress notes report, allows for reporting for one or more staff from your system code, flags notes missing co-signatures and in pending draft status. Summarizes by practitioner total hours and counts of notes.	9/30/20		X							X
<b>Progress Note Summary</b>	Based on the new cw_notes_key_fields table, a basic summary type report (no note text) that only requires start and end note dates to run, but has optional parameters for Staff, Status, Program, Service	9/30/20		X					X		X

Report	Description	Update	Provider MHPM	Provider MHCWS	Provider SUPTPM	Provider SUPTCWS	Provider Special	County Access	MHTC	UR	County
<b>Progress Note Timeliness Report</b>	For a single program, for a selected date range, this reports all progress notes where the number of days between the service and the entry of the note exceed a user defined number.	9/30/20		X				X		X	X
<b>Progress Note ToDo Report</b>	User based, allows for viewing pending progress notes in detail in the same order they appear in the to-do screen	9/30/20		X							
<b>Progress Note User Daily Report</b>	Returns notes for a selected user for a specific date	9/30/20		X				X			
<b>Progress Notes 10 Percent Report</b>	Pulls a random list of 10 percent of notes for a program for QM	9/30/20									X
<b>Progress Notes Client Report</b>	Client based note of progress notes for a selected date range. Defaults to the the last 90 days.	9/30/20		X				X		X	X
<b>Progress Notes Remaining in Draft</b>	Renamed from "Services for Draft Notes"- Now includes all notes in draft, both with and without services in the note date range selected	9/30/20		X							
<b>Progress Notes Voided Report</b>	Notes voided in a date range for a selected program	9/30/20		X							
<b>Provider Last Service Report</b>	Provides a list of currently open clients with their last date of service (and days since) where the services was not Unknown or a Phone service	9/30/20	X	X	X	X		X			X
<b>Psychiatric Mental Status Exam Report</b>	Client based stand alone report of a specific Psychiatric Mental Status Exam.	9/30/20		X				X		X	
<b>Receipts Posted Report</b>	Shows receipts posted in the date range for the program selected	9/30/20									X
<b>Report Inventory</b>			X		X						
<b>RRG Claim Report</b>	For the file index selcted, shows claim summary by RRG	9/30/20									X
<b>Service Cross Reference Report</b>	Report of services with their cross reference value for fiscal use.	9/30/20									X
<b>Service Duration Outliers</b>	Service related report, looks for services which exceed a duration of your choice. Useful to find those services where the data entry user put the service code in the duration field accidentally.	9/30/20	X		X						X
<b>Service Fee Report (SAC)</b>	Shows service code fee changes in the date range selected	9/30/20							X		X
<b>Service Fees by Program</b>	For the program selected, shows the history of all service code fee definitions	9/30/20						X	X		X

Report	Description	Update	Provider MHPM	Provider MHCWS	Provider SUPTPM	Provider SUPTCWS	Provider Special	County Access	MHTC	UR	County
Services by Classification	Based on the system code of the logged in user, shows services provided in a selected date range based on a selected list of service codes and practitioner classifications	9/30/20	X		X	X					X
Services by Practitioner by Entry	Provides a list of services entered in a date range and groups by practitioner and service date, then sorts by entry time. This should closely match the Multiple Client Charge Input data sheet for validation purposes.	9/30/20	X		X				X		
Services by Type	For the date range and program selected, allows to report on a multi-select of service codes.	9/30/20	X			X					
Services with Modifiers Report	Services in a date range with their modifiers	9/30/20			X						X
Services with no Diagnosis	Service related report, looks for services where the client has no diagnosis on or before the date of service for the service Episode (Formerly had "MediCal" in the name, now all guarantors included)	9/30/20	X		X		X		X		X
Services with no Diagnosis (Fiscal)	Fiscal (non program based) version	9/30/20									X
Services Without Progress Notes	For a single program, for a selected date range, this reports on all services for which there is no matching progress note.	9/30/20		X							
Site Appointment Reminder List	List of appointments in the selected date range for a site with the clients contact information on it for calling reminders	9/30/20		X			X				
Special Pop Service Summary	Clients with the selected special population in the date range selected and who have a service that occurred under that special population. System Code secure.	9/30/20					X				X
Special Population Census	Formerly "KTA Census", modified to allow for run for any of the the new special populations which were effective as of 7/1/20	9/30/20	X								X
SR 2.0 by System Code	Returns service requests submitted by system code	9/30/20					X	X			
SR 2.0 Details	Shows the detail level of the service request and the corresponding response	9/30/20						X			
SR 2.0 Dispositions by Program	Shows the request and disposition information for requests disposed where the program selected is either the submitter or they have an open episode as of the disposition date	9/30/20					X	X			



Report	Description	Update	Provider MHPM	Provider MHCWS	Provider SUPTPM	Provider SUPTCWS	Provider Special	County Access	MHTC	UR	County
SR 2.0 Pending Assignment	Shows requests submitted where thereis no Access Assigned Clinician	9/30/20						X			
SR 2.0 Pending Response	Shows requests assigned but with no disposition date	9/30/20						X			
SR 2.0 Totals Report	Shows summary information for requests with a request date in the range selected	9/30/20						X			
Staff by Current Classification	For the categories selected, shows staff by their current classification	9/30/20						X			X
Strength Assess Personal Recovery Plan	Specfic to the Strength Assessment form. For a specific client and goal, creates a printable "assignment" type list of tasks	9/30/20		X							
Strength Assessment Report	Specfic to the Strength Assessment form. Printable version of the full export of a specific Strength Assessment	9/30/20		X							
Strength Movement Worksheet	Specfic to the Strength Assessment form. For a specific program, creates a list of all clients with active Strength Assessments grouped by Service Coordinator	9/30/20		X							
SubAcute Referral Report by Client	Shows the status of subacute referrals through the Service Request process for a selected client and episode	9/30/20									X
SUD Assessment Report	Client based report including information from the SUD Assessment option.	9/30/20			X	X					X
SUD Assessments User Report	Report of all SUD assessments completed in a date range by selected users (based on System Code of logged in user)	9/30/20			X	X					
Summary of Services by Program	Summary service report. Returns totals for services in a date range where the cost of service is greater than \$0.	9/30/20	X		X	X		X	X		X
Summary of Services by RRG	Same as by program, but for selected RRG	9/30/20						X			X
Summary of Services Multi Program	Same as the "by program", but allows for it to be run for up to 10 programs at a time. Note, will not run in LIVE, must be in a sub system code.	9/30/20	X		X	X					X
System Code Programs	Provides a list of system codes and click through details of the programs associated with them	9/30/20	X			X					
System Code User List	Provides a list of users for your system code with their status and last use date.	9/30/20	X		X	X			X		X
TAR Report	Report for TAR tracking	9/30/20							X		X
TBS Four Authorization Report	System code secure, but only pulls for the 4 TBS program codes no matter who runs it	9/30/20	X								X
Telehealth Services Modifier Report	Services in a date range with a location of "Telehealth" OR with entered modifiers containing "GT"	9/30/20					X				

Report	Description	Update	Provider MHPM	Provider MHCWS	Provider SUPTPM	Provider SUPTCWS	Provider Special	County Access	MHTC	UR	County
<b>UMDAP Expiration</b>	Provides a list of program clients with an umdap expiration within the date range selected	9/30/20	X					X	X		X
<b>Unbilled MediCal Services (Fiscal)</b>	Fiscal version of the program based report	9/30/20									X
<b>Unbilled MediCal Services by Program</b>	Service related report, looks for services which have been "closed" by fiscal, but which for some reason were not claimed. This only reflects med-cal guarantors.	9/30/20	X		X		X				X
<b>Unbilled Medical with Priors</b>	For the date range selected, shows unclaimed medi-cal liabilities with a prior guarantor	9/30/20									X
<b>Unbilled NON MediCal Services by Program</b>	Same as the above, but for NON medi-cal guarantors.	9/30/20	X		X						
<b>Unmet SOC</b>	For the month selected, shows liabilities and unmet share of cost	9/30/20									X
<b>Vocational Assessment Report</b>	Report of the current vocational assessment status of a client	9/30/20		X					X		
<b>YDF MH Triage Note Report</b>	By note date range, brings in any note using the YDF template- done, deployed in LIVE	9/30/20					X				
<b>ZIP Map by Program</b>	Program based report of clients living in each Sacramento County zip code	9/30/20	X		X			X			X