



COUNTY OF SANTA CLARA  
**Behavioral Health Services**

**ADMISSION**  
REV. 11/14/2022

## REVISIONS

Date	Slides	Revisions
11/14/2022	15	Updated – Zip Code must be 9 digits
09/13/2022	9	Updated – Unknown SSNs should be 000-00-0000
09/13/2022	13	Updated – Added Address and Preferred Language as required fields
09/13/2022	19	Updated – Add Preferred Name to Alias field
06/13/2022	7	Updated – If clients are not in PCNX, refer to supporting document
04/13/2022	16	Updated - How to Add Homeless/Confidential Address

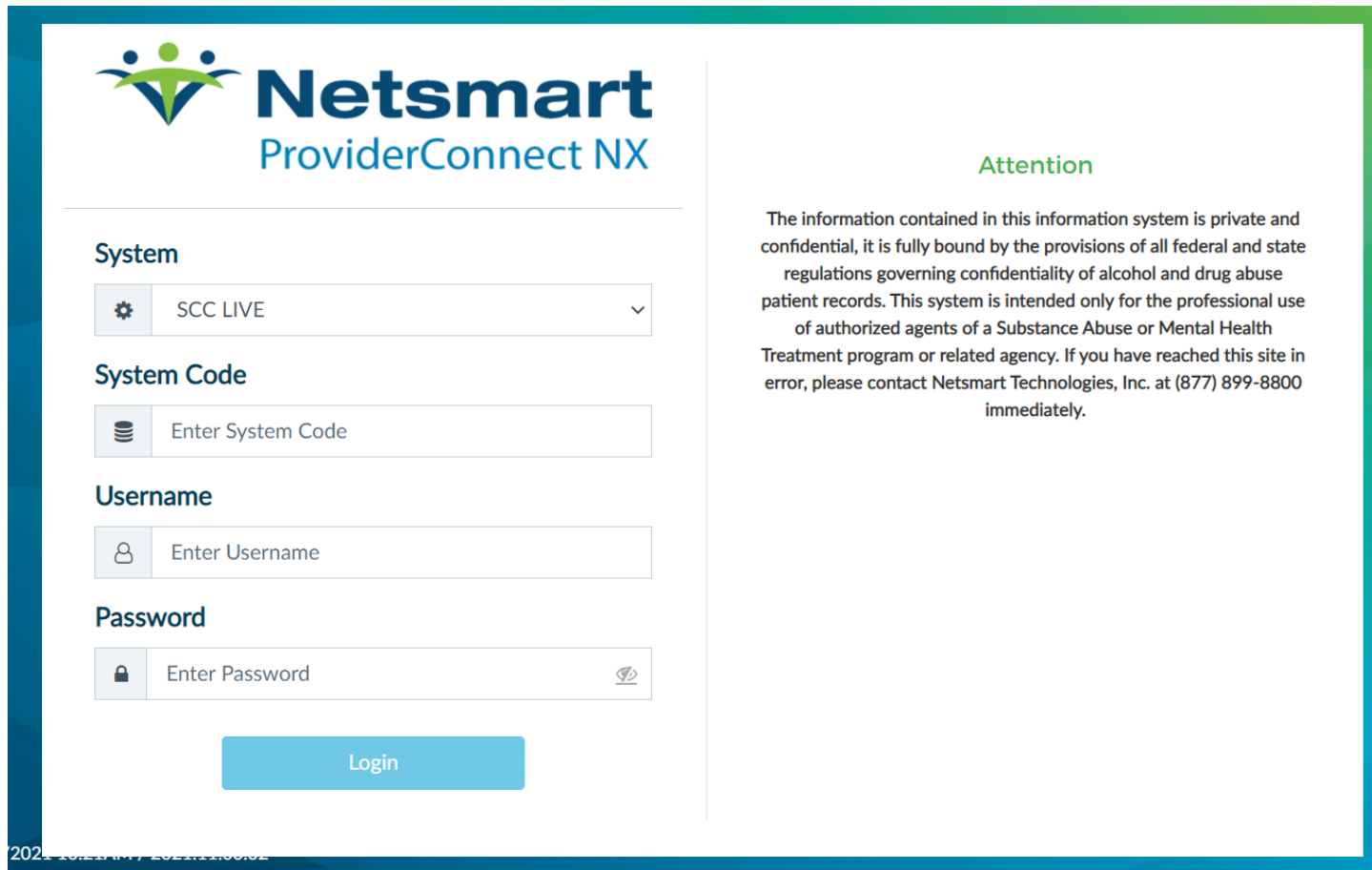
# ADMISSION


## **Purpose of Form:**

The Admission form is used to admit clients into treatment programs.

# SIGN ONTO PROVIDERCONNECTNX

Enter the System Code, Username, and Password that were provided to you.



 **Netsmart**  
ProviderConnect NX

**System**

**System Code**

**Username**

**Password**

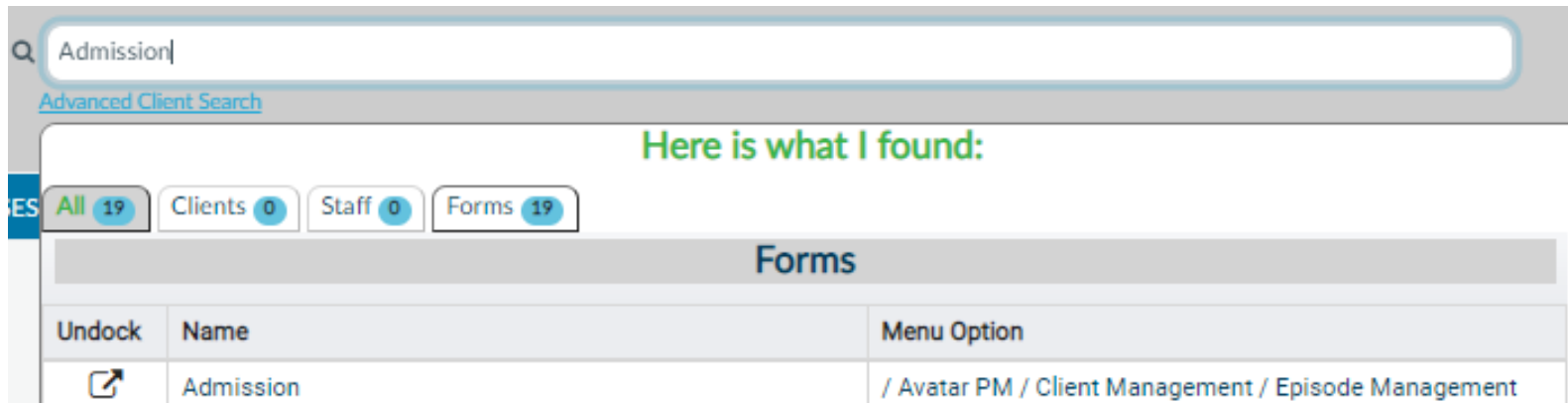
Login

**Attention**


The information contained in this information system is private and confidential, it is fully bound by the provisions of all federal and state regulations governing confidentiality of alcohol and drug abuse patient records. This system is intended only for the professional use of authorized agents of a Substance Abuse or Mental Health Treatment program or related agency. If you have reached this site in error, please contact Netsmart Technologies, Inc. at (877) 899-8800 immediately.

# HOW TO ACCESS

After login click on **Search** and type **Admission**



The screenshot shows a search bar with the text "Admission" entered. Below the search bar, there is a link for "Advanced Client Search". The results section is titled "Here is what I found:" and includes a filter bar with four buttons: "All 19", "Clients 0", "Staff 0", and "Forms 19". The "Forms" button is selected. Below the filter bar, there is a table with the following data:

Forms		
Undock	Name	Menu Option
	Admission	/ Avatar PM / Client Management / Episode Management

An Advanced Search must be completed before a client can be admitted into the system. In the advanced search screen, include as many values as possible; there is a minimum of three values. Click 'Search' to find client.

### Client Search

Last Name	First Name	Sex
<input type="text" value="Flintstone"/>	<input type="text" value="Fred"/>	<input style="border: none; border-bottom: 1px solid #ccc; padding: 2px 5px; display: inline-block; width: 100%;" type="text" value="Male"/> × ▾
Social Security Number	Date of Birth	
<input type="text"/>	<input type="text" value="01/01/1990"/>	
Facility Chart Number		
<input type="text"/>		

## EXISTING CLIENT

Select client.

CCPs would not have to admit New Clients as clients should already be in the system. If clients are not in PCNX, please refer to the *Client Missing MRN* supporting document.

Info	Score	Name	ID	Date Of Birth
Info	75	FLINTSTONE,FRED	2522	
Info	75	FLINTSTONE,FRED	2799	12/11/1972

New Client

Cancel

# EXISTING CLIENT

To add a new episode, click **Add**. (1)

To edit an existing episode, select episode to edit, and click **Edit**. (2)

Episode	Admit Date	Discharge Date	Program
1	05/26/2021	05/26/2021	DTN Pre-Admit





# IDENTIFICATION AND TREATMENT INFORMATION

Must complete **Client's Name, Sex Listed on Insurance, Date of Birth, Admission Date, Admission Time, Social Security Number\***, Program, Type of Admission, Admitting Practitioner. Complete all remaining applicable fields. Check to ensure information is up to date if fields are auto-populated.

\*If client does not have a Social Security Number or the Social Security Number is unknown use 000-00-0000.

The screenshot displays a web-based form titled "Identification and Treatment Information". On the left, a sidebar menu contains the following items: "Admission" (selected), "Identification and Treatment Information", "Presenting Problems/Disabilities", "Demographics", "Sexual Orientation and Gender Identity", "CalOMS Required", "Agricultural Question", "Alias", "Other Client Data", "Inpatient/Partial/Day Treatment", "CADDs", and "Online Documentation".

The main form area includes the following fields and controls:

- Episode Number:** 1
- Client Name:** FLINTSTONE,FRED
- Sex Listed on Insurance Plan:** Radio buttons for Female, Male (selected), and Transgender (F to M), with a sub-option for Transgender (M to F).
- Age:** 32
- Admission Time:** 10:40 AM, with a "Current Time" button and AM/PM selection.
- Social Security Number:** (Empty field)
- Date of Birth:** 01/01/1990, with a calendar icon and T/Y selection.
- Admission Date:** 12/18/2021, with a calendar icon and T/Y selection.
- Type Of Admission:** Admission (dropdown)
- Source Of Admission:** Select (dropdown)
- Admitting Practitioner:** LZ TEST (000228) (text input with search icon)
- Attending Practitioner:** (Empty text input with search icon)
- Client's Living Arrangements:** Select (dropdown)
- Practitioner Type:** Select (dropdown)

## FACILITY CHART NUMBER

Enter client's Unicare number in **Facility Chart Number**. This field is not required but is used to reference.

Facility Chart Number

# PRESENTING PROBLEMS/DISABILITIES

Select if client has a **Disability**. If a response other than 'None' is selected, other Disabilities field will enable.

Select whether clients **Received Copy of Client Rights** and **Advanced Directive**. If 'Yes' is selected for Advanced Directive, **Advanced Directive Note** will be enabled and required.

▼ Presenting Problems/Disabilities

Disabilities-1

- None
- Visual
- Hearing
- Speech
- Mobility
- Mental
- Developmentally Disabled
- Other

Disabilities-2

- None
- Visual
- Hearing
- Speech
- Mobility
- Mental
- Developmentally Disabled
- Other

Disabilities-3

- None
- Visual
- Hearing
- Speech
- Mobility
- Mental
- Developmentally Disabled
- Other

Received Copy Of Client Rights

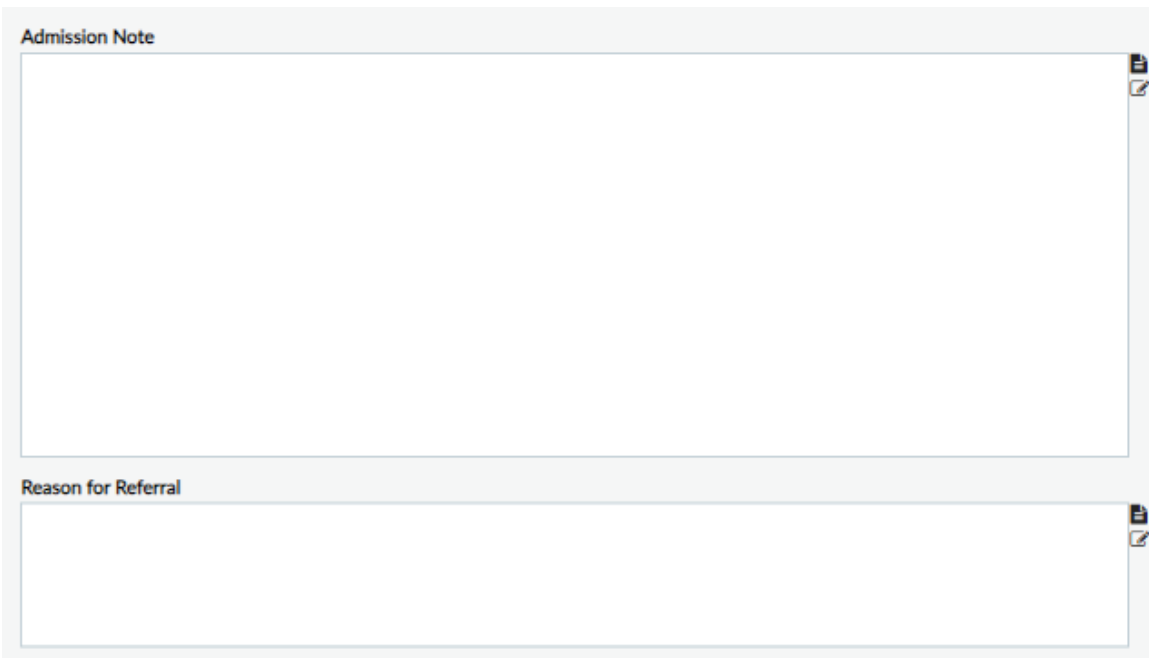
Yes     No

Advanced Directive

Yes     No

Advanced Directive Note \*

Input any additional notes on the **Admission Note** field or **Reason for Referral**.

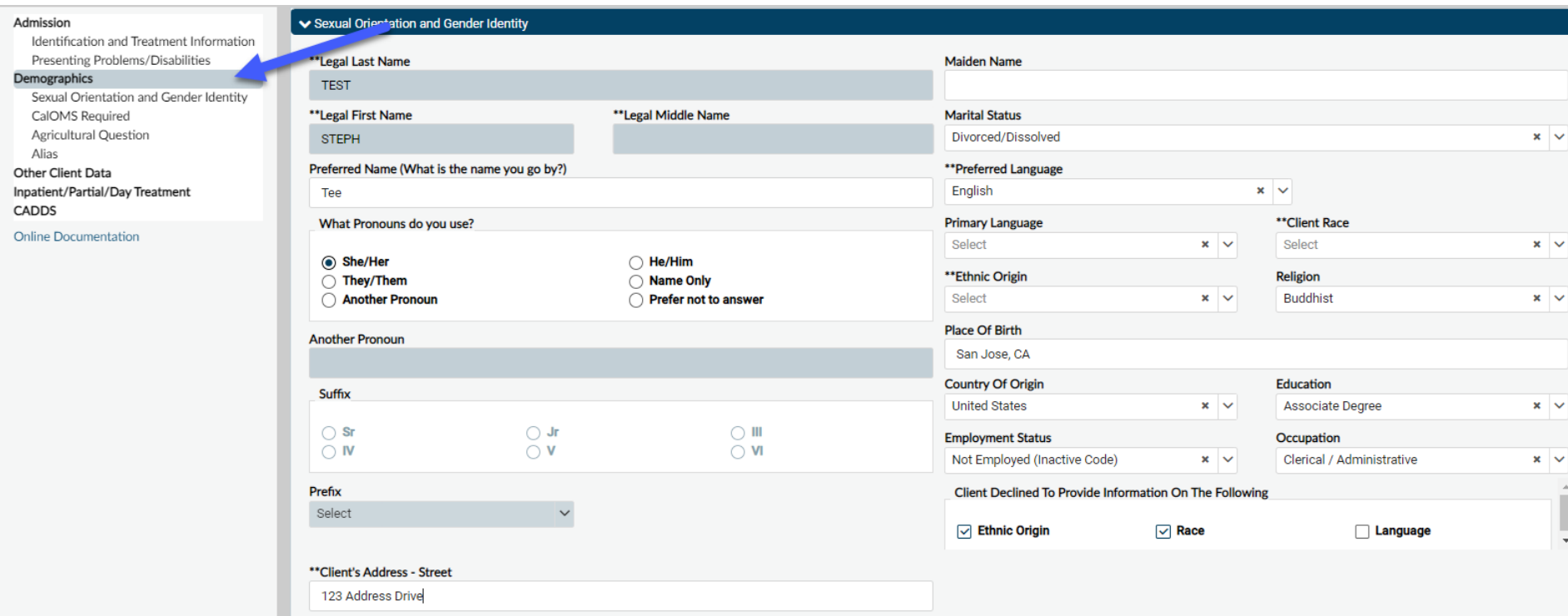


The image shows a screenshot of a software interface with two text input fields. The top field is labeled "Admission Note" and the bottom field is labeled "Reason for Referral". Both fields are currently empty and have a small icon in the top right corner of each field, likely representing a save or edit function.

# DEMOGRAPHICS

After completing the **Admission tab**, select **Demographics** and complete all fields applicable.

Must complete **Address, Preferred Language, Client Race** and **Ethnic Origin**.



The screenshot shows a web-based form for demographic information. A blue arrow points to the 'Demographics' menu item in the left sidebar. The form is divided into several sections:


- Sexual Orientation and Gender Identity**: Includes fields for \*\*Legal Last Name (TEST), \*\*Legal First Name (STEPH), \*\*Legal Middle Name, Preferred Name (Tee), and radio buttons for pronouns: She/Her (selected), They/Them, Another Pronoun, He/Him, Name Only, and Prefer not to answer.
- Other Client Data**: Includes Inpatient/Partial/Day Treatment (CADDIS) and Online Documentation.
- Other Fields**: Maiden Name, Marital Status (Divorced/Dissolved), \*\*Preferred Language (English), Primary Language (Select), \*\*Client Race (Select), Religion (Buddhist), Place Of Birth (San Jose, CA), Country Of Origin (United States), Education (Associate Degree), Employment Status (Not Employed (Inactive Code)), Occupation (Clerical / Administrative), and Client Declined To Provide Information On The Following (Ethnic Origin and Race checked, Language unchecked).
- Address**: \*\*Client's Address - Street (123 Address Drive).

# PREFERRED NAME

Use the Preferred Name field to record what a client prefers to be called, as when a client named 'William' prefers to be called 'Bill.' The preferred name displays in the Client Header and in the Client Information widget.

Preferred Name (What is the name you go by?)

TEST,STEPH (000002790)

	TEST,STEPH (000002790) F, 31, 01/01/90 Preferred Name: Tee Ht: -, Wt: -, BMI: -	Ep: 1 : DTN SMH OP -Well... DX P: - Problem P: -	Location: , San Jose, CA Adm. Pract.: TESTER,TEST Attn. Pract.: -	Phone #: 999-999-9999	Allergies (0)
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## CLIENT'S ADDRESS

When you enter a California Zip code such as '95128' the City, County, State auto-populates based on the Zip code.

Zip code must be a 9-digit Zip code. Ex: 95128-9651

<b>**Client's Address - Street</b>	
<input type="text" value="123 abc st."/>	
<b>**Client's Address - Street 2</b>	
<input type="text"/>	
<b>**Client's Address - Zipcode</b>	<b>**Client's Address - City</b>
<input type="text" value="95128-9651"/>	<input type="text" value="San Jose"/>
<b>**Client's Address - State</b>	<b>**Client's Address - County</b>
<input type="text" value="CALIFORNIA"/> x v	<input type="text" value="Santa Clara"/> x v
<b>**Client's Home Phone</b>	<b>**Client's Work Phone</b>
<input type="text" value="888-888-8888"/>	<input type="text" value="888-888-8888"/>

## CLIENT'S ADDRESS – HOMELESS OR CONFIDENTIAL

If client is homeless or address needs to be confidential, input 'Homeless'/'Confidential' to **Client's Address – Street**.

Enter the **Zip Code** of the CCP office the client is receiving services at.

<b>**Client's Address - Street</b>	
<input type="text" value="Homeless"/>	
<b>**Client's Address - Street 2</b>	
<input type="text"/>	
<b>**Client's Address - Zipcode</b>	<b>**Client's Address - City</b>
<input type="text" value="95128-9651"/>	<input type="text" value="San Jose"/>
<b>**Client's Address - State</b>	<b>**Client's Address - County</b>
<input style="float: left; margin-right: 5px;" type="text" value="CALIFORNIA"/> <span style="float: right;">x v</span>	<input style="float: left; margin-right: 5px;" type="text" value="Santa Clara"/> <span style="float: right;">x v</span>
<b>**Client's Home Phone</b>	<b>**Client's Work Phone</b>
<input type="text" value="888-888-8888"/>	<input type="text" value="888-888-8888"/>



## CLIENT DECLINED TO PROVIDE INFORMATION ON THE FOLLOWING

If client declines to answer Ethnic Origin, Race, or Language, check the corresponding box and the field will be disabled.

<b>**Preferred Language</b> Farsi x v	<b>**Client Race</b> Asian, Cambodian x v
<b>Primary Language</b> Select v	<b>Religion</b> Agnostic x v
<b>**Ethnic Origin</b> Cuban x v	
<b>Place Of Birth</b> San Jose	
<b>Country Of Origin</b> United States x v	<b>Education</b> High School x v
<b>Employment Status</b> Unemployed, seeking in last 30 days x v	<b>Occupation</b> Other x v
<b>Client Declined To Provide Information On The Following</b>	
<input type="checkbox"/> Ethnic Origin <input type="checkbox"/> Race <input checked="" type="checkbox"/> Language	

## CALOMS REQUIRED

If client is in a SUTS program, **CalOMS Required** section must be completed.

▼ CalOMS Required

Are you heterosexual, lesbian, gay, bisexual, transgender or do you question your sexual orientation?

<input checked="" type="radio"/> Heterosexual / Straight	<input type="radio"/> Lesbian (female)
<input type="radio"/> Gay (male)	<input type="radio"/> Bisexual
<input type="radio"/> Unsure / Questioning	<input type="radio"/> Declined To State
<input type="radio"/> Transgender	

# ALIAS

The Alias field is where you record a client's alias, such as when a client named 'William' also goes by the name 'Bill.' Once an Alias has been recorded, you can search by the Alias.

If a client has a Preferred Name, add it as an Alias as well. An Alias is a searchable field and Preferred Name is not.



The screenshot shows a form titled "Aliases" with a dropdown arrow. It contains two input fields. The first field is labeled "\*\*Alias" and contains the text "Bill". The second field is labeled "Alias 2" and is currently empty.

The screenshot shows the "Advanced Client Search" interface. A search bar at the top contains the text "Bill". Below the search bar, the text "Here is what I found:" is displayed. There are four filter buttons: "All 42", "Clients 1", "Staff 2", and "Forms 39". Below these buttons, a table titled "Clients" is shown. The table has four columns: "Info", "Client Name / Client ID", "Gender", and "Date Of Birth". The first row of data shows "Info" (with a sub-link "Info"), "TEST,STEPH (000002790)", "Female", and "01/01/1990".

Info	Client Name / Client ID	Gender	Date Of Birth
<a href="#">Info</a>	TEST,STEPH (000002790)	Female	01/01/1990

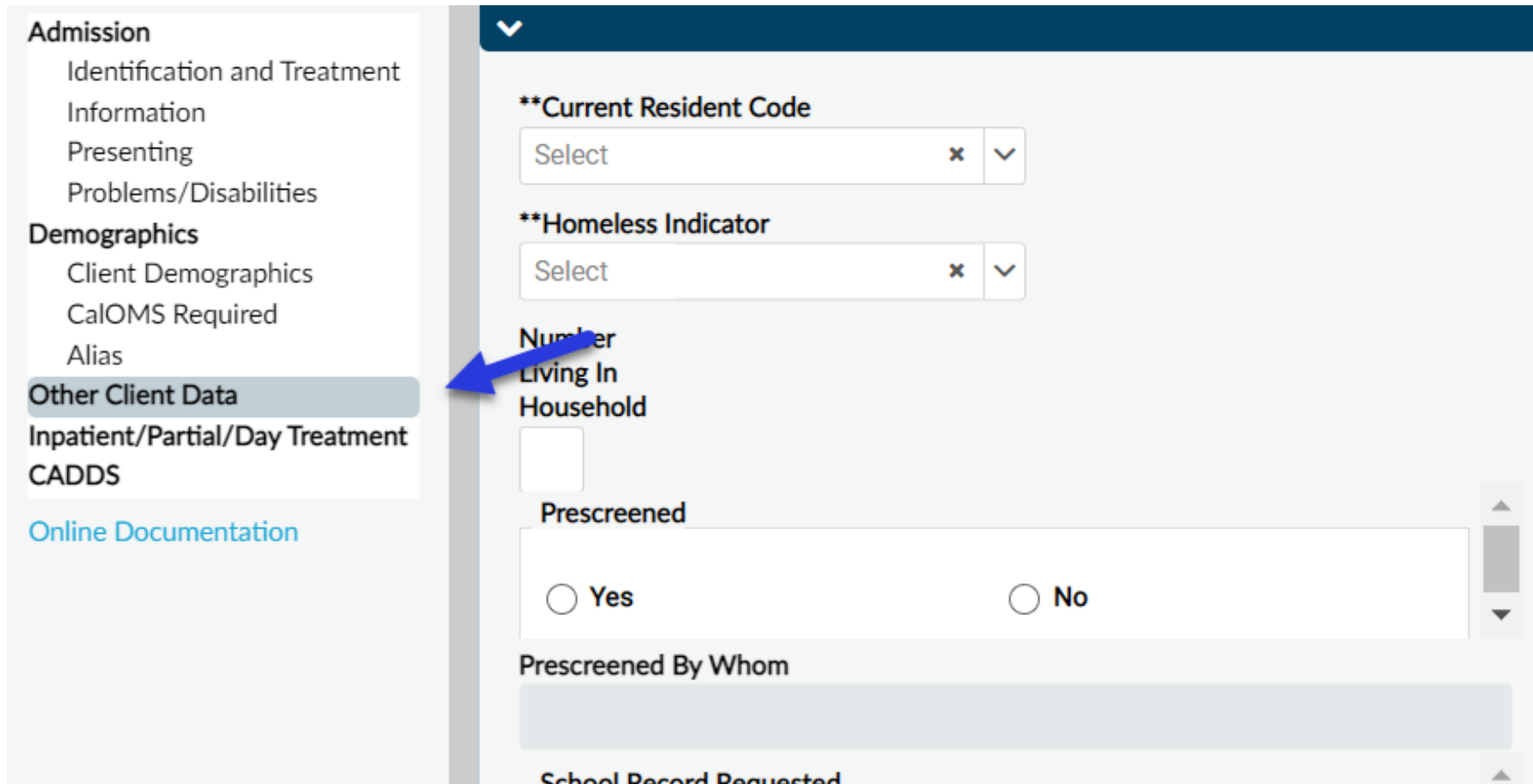
# SMOKER

When completing client's Smoker status, **Smoking Status Assessment Date** will become enabled and required. Enter the date the assessment took place.

<b>Smoker</b>	<b>Smoking Status Assessment Date *</b>
Current Every Day Smoke ▾	01/05/2022  <input type="radio"/> T <input checked="" type="radio"/> Y 

## OTHER CLIENT DATA

Must complete **Current Resident Code**, **Homeless Indicator**. Complete section as applicable.



The screenshot shows a web application interface. On the left is a navigation menu with the following items: Admission, Identification and Treatment Information, Presenting Problems/Disabilities, Demographics, Client Demographics, CalOMS Required, Alias, Other Client Data (highlighted with a blue bar), Inpatient/Partial/Day Treatment, CADDs, and Online Documentation. The main content area is titled 'Other Client Data' and contains several fields: a dropdown menu for '\*\*Current Resident Code', a dropdown menu for '\*\*Homeless Indicator', a text input field for 'Number Living In Household' (indicated by a blue arrow), a 'Prescreened' section with radio buttons for 'Yes' and 'No', and a 'Prescreened By Whom' section with a text input field. At the bottom, the text 'School Record Requested' is partially visible.

## INPATIENT/PARTIAL/DAY TREATMENT & CADDS

Completion of **Inpatient/Partial/Day Treatment** (1) and **CADDS** (2) is not necessary.

The image shows a software interface with a navigation menu on the left and a form on the right. The navigation menu includes the following items:

- Admission
  - Identification and Treatment Information
  - Presenting Problems/Disabilities
- Demographics
  - Client Demographics
  - CalOMS Required
  - Alias
- Other Client Data
  - Inpatient/Partial/Day Treatment** (1)
  - CADDS** (2)
- Online Documentation

The form on the right has the following fields:

- Unit (Select)
- Room (Select)
- Bed (Select) (1)
- Licensed/Unlicensed (Select)

Blue arrows with numbers 1 and 2 point to the 'Bed' field and the 'CADDS' menu item, respectively.

Click Submit to create the episode.



## CSI

After submitting an episode in Admission, if a client is admitted into a CSI program, *CSI Data Collection Verification* will pop up to remind provider to complete CSI forms (CSI Admission and CSI Assessment).

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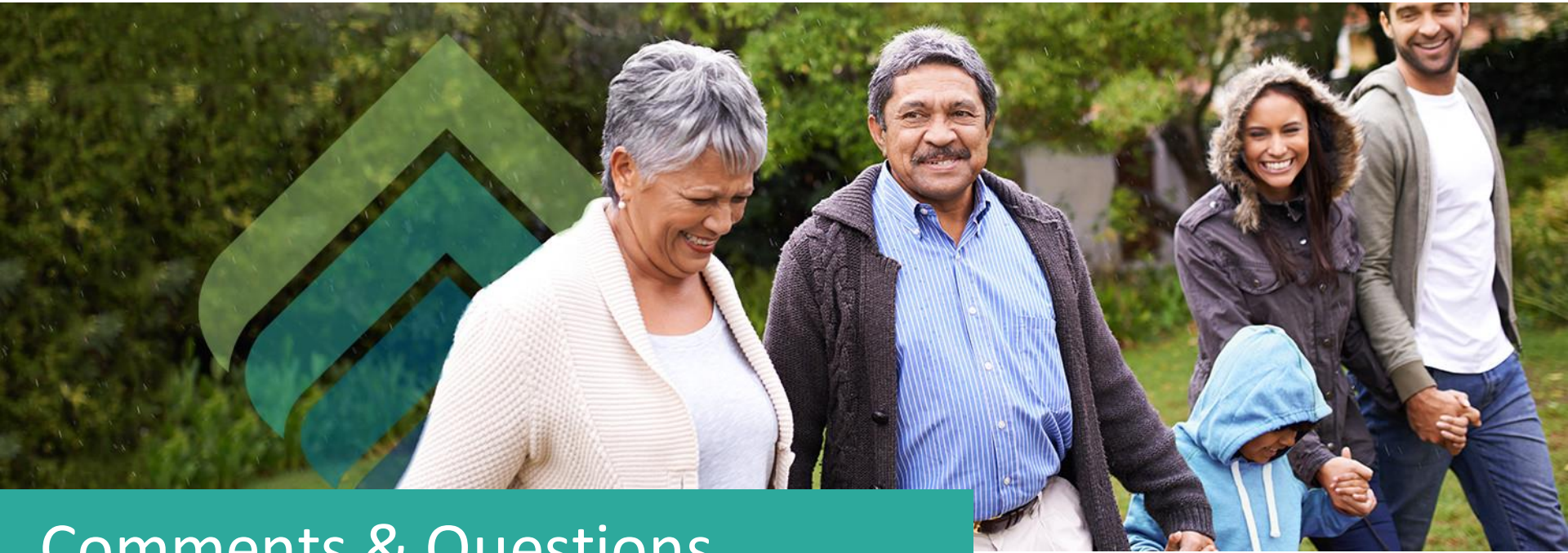
### CSI Data Collection Verification

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Please Be Advised, CSI Data Collection is required for this Program.

OK





# Comments & Questions