



COUNTY OF SANTA CLARA  
**Behavioral Health Services**

**CSI ADMISSION**

REV. 10/07/22

## REVISIONS

Date	Slides	Revisions
06/13/2022	9	Update – What to enter if unknown
10/07/2022	ALL	Made minor edits to help clarify instructions and added Slide 11

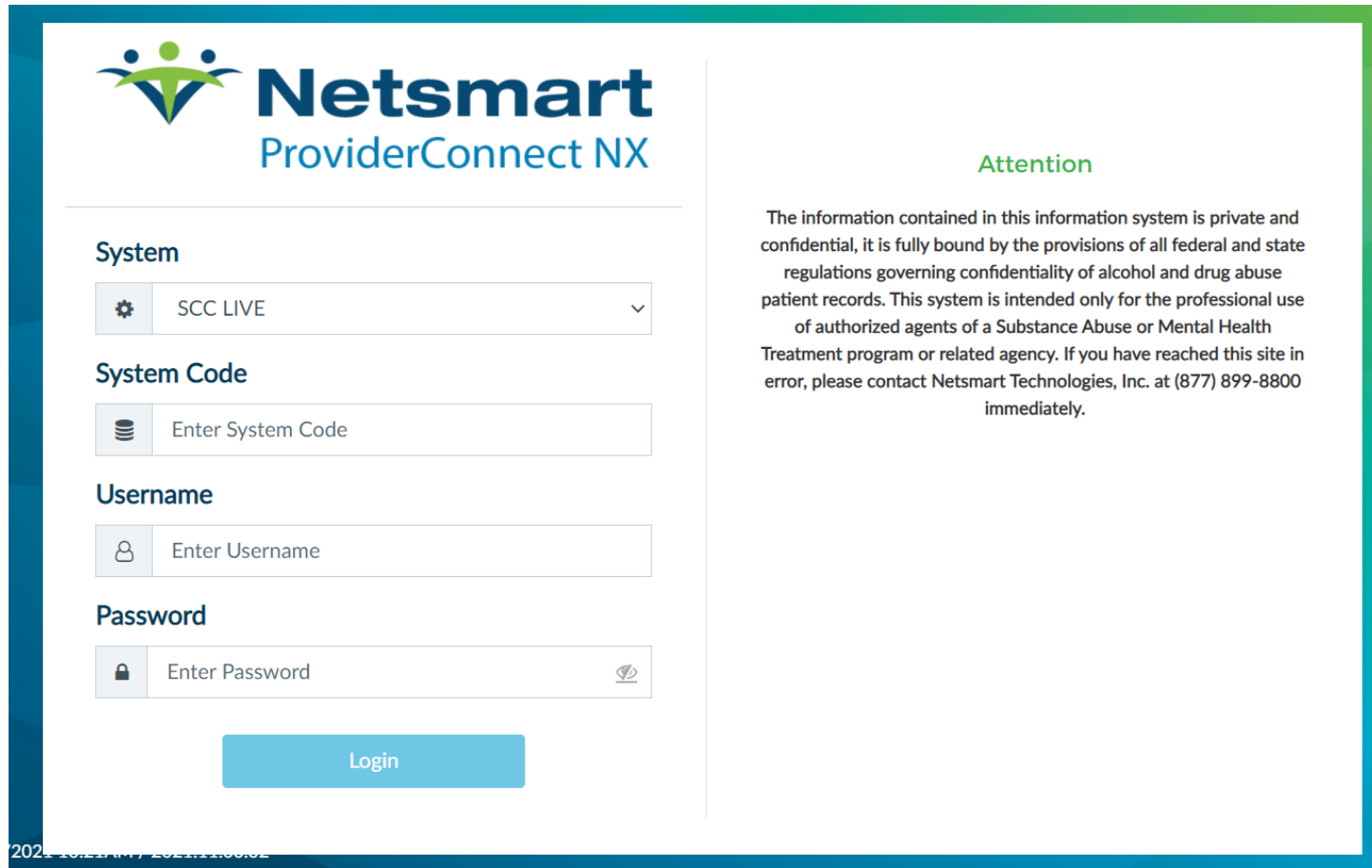
# CSI ADMISSION


## **Purpose of Form:**

The CSI Admission form is used to collect required information for a client who has been admitted to a Client Services Information System (CSI) treatment program. CSI data is reported to the California Department of Mental Health.



# SIGN ON TO PROVIDERCONNECTNX

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




 **Netsmart**  
ProviderConnect NX


**System**

 SCC LIVE 



**System Code**

 Enter System Code

**Username**

 Enter Username

**Password**

 Enter Password 

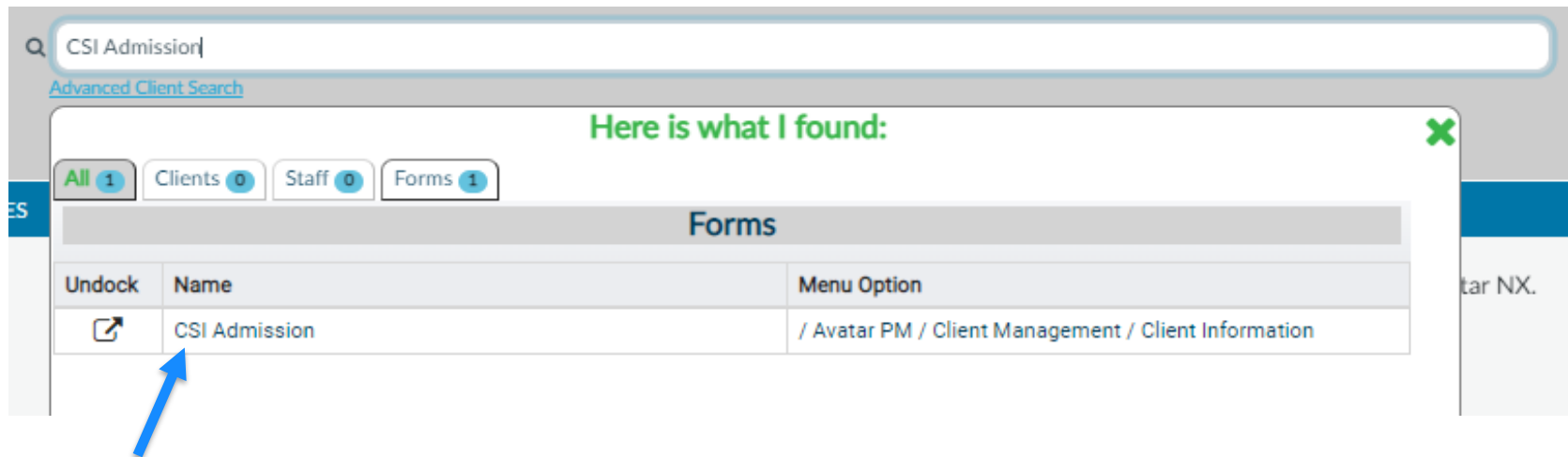
Login

**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 **CSI Admission**



The screenshot shows a search interface with a search bar containing 'CSI Admission'. Below the search bar, there are filter buttons for 'All 1', 'Clients 0', 'Staff 0', and 'Forms 1'. The results are displayed under the heading 'Forms'. A table lists the search results:

Undock	Name	Menu Option
	CSI Admission	/ Avatar PM / Client Management / Client Information


A blue arrow points to the 'CSI Admission' entry in the table.

After selecting the CSI Admission form, enter Client's name in the Search bar, and select client.

Select Client

Q Test, Steph

Client Name / Client ID	Gender	Date Of Birth	Social Security Number
TEST,STEPH (000002790)	Female	01/01/1990	



# Select corresponding Episode

✓ Selected Client : TEST,STEPH (000002790)

## Select Episode

Name: STEPH TEST  
ID: 2790  
Sex: Female  
Date of Birth: 01/01/1990

Episode	Program	Start	End
1	DTN SMH OP -Wellness	12/08/2021	



Enter the client's name in **Birth Name (Last)**, **Birth Name (First)** (1). Add Birth Name (Middle) and their suffix if applicable (1). Client's **Month and Year of Birth** should automatically populate from the data entered in the Admission form (2).

The form contains the following fields and options:

- Birth Name (Last)**: Text input field.
- Birth Name (First) \***: Text input field.
- Birth Name (Middle)**: Text input field.
- Year Or Month/Year Of Birth**: Dropdown menu with a lightbulb icon and the value "01/1990".
- Birth Name (Suffix)**: Radio button options for "Sr", "Jr", "III", "IV", "V", and "VI".



Must complete **(1) Mother's First Name\*** (enter birth mother's name), **(2) Fiscally Responsible County For Client\***, **(3) Place of Birth – County**, **(4) State**, **(5) Country**, **(6) CSI Ethnicity**, **(7) Special Population**. Fill the rest of the form as complete and accurately as possible.

Birth Name (Last)

Birth Name (First) \*

Birth Name (Middle)

Year Or Month/Year Of Birth

Birth Name (Suffix)  
 Sr     Jr     III  
 IV     V     VI

**6** CSI Ethnicity  
 Not Hispanic or Latino  
 Unknown / Not Reported  
 Hispanic or Latino

**7** Special Population  
 Assisted Outpatient Treatment service(s) (AB 1421) (AB 3632) Individualized education plan (IEP) required  
 service(s)  
 Governor's Homeless Initiative (GHI) service(s)  
 No special population services  
 Welfare-to-work plan specified service(s)

**1** Mother's First Name

**2** Fiscally Responsible County For Client  
 x v

**3** Place of Birth - County  
 x v

**4** Place of Birth - State  
 x v

**5** Place of Birth - Country

Legal Class  
 x v

County School  
 x v

District County Code  
 x v

District/Site Code  
 x v

Admission Necessity Code  
 Emergency  
 Planned (Prior Authorization)  
 Unknown/Not Reported

\*Mother's First Name – If it is unknown, input "UNKNOWN"

\* Fiscally Responsible County For Client – If unknown, input "Santa Clara"

**District County Code** and **District/Site Code** (1) must be completed if client has an IEP required service.

**Admission Necessity Code** (2) is a required field to be filled out.

The image shows a form with the following fields:

- Legal Class**: A dropdown menu with "Select" and a close button (x).
- County School**: A dropdown menu with "Select" and a close button (x).
- District County Code**: A dropdown menu with "Select" and a close button (x). A blue arrow points to this field from a circled "1".
- District/Site Code**: A dropdown menu with "Select" and a close button (x). A blue arrow points to this field from a circled "1".
- Admission Necessity Code**: A radio button selection box with three options: "Emergency", "Planned (Prior Authorization)", and "Unknown/Not Reported". A blue arrow points to this field from a circled "2".

# Fill out this section completely.

## CSI ADMISSION

Submit

CSI Admission

Online Documentation

▼

Is Substance Abuse Affecting Mental Health?

Yes  No  Unknown

Are Developmental Disabilities Affecting Mental Health?

Yes  No  Unknown

Are Physical Health Disorders Affecting Mental Health?

Yes  No  Unknown

Conservatorship/Court Status

Temporary Conservatorship  
 Lanterman-Petris-Short  
 Murphy  
 Probate  
 PC 2974  
 Representative Payee Without Conservatorship  
 Juvenile Court, Dependent of the Court  
 Juvenile Court, Ward - Status Offender  
 Juvenile Court, Ward - Juvenile Offender  
 Not Applicable  
 Unknown/Not Reported

Preferred Language

Select

Race (Select Up To Five)

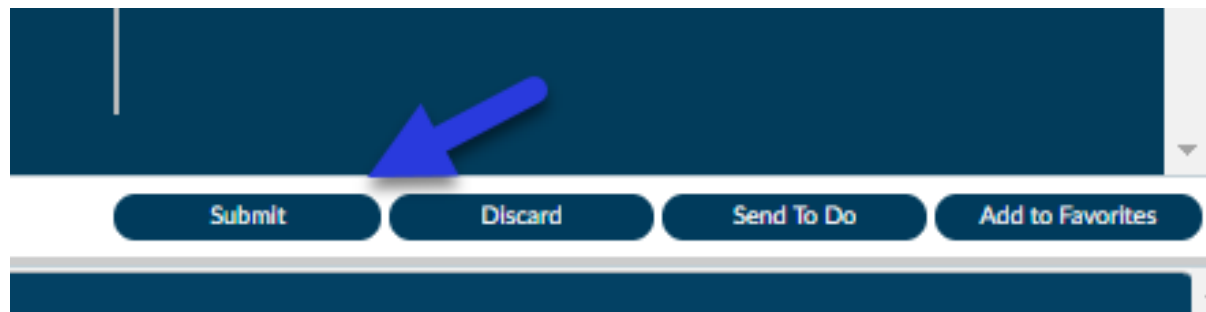
[All](#) | [Clear](#)

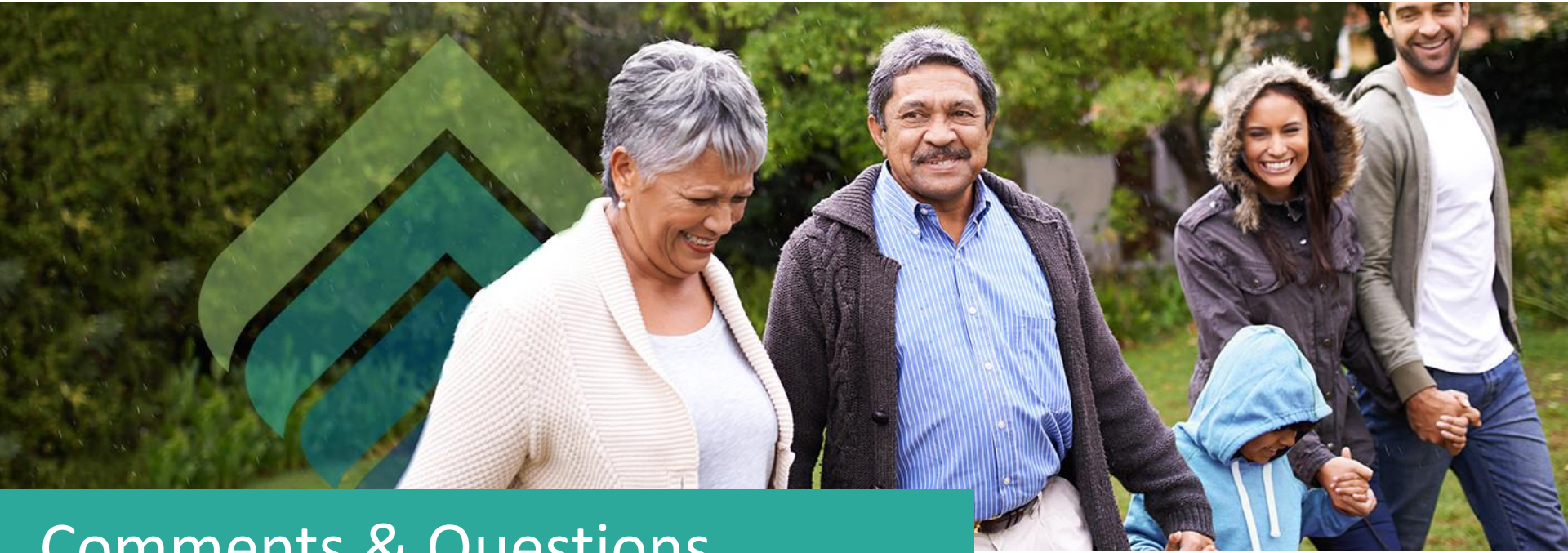
American Indian or Alaska Native  
 Asian Indian  
 Black or African American  
 Cambodian  
 Chinese  
 Filipino

Number of children less than 18 years of age that the client cares for / is responsible for at least 50% of the time

Number of dependent adults 18 years of age and above that the client cares for / is responsible for at least 50% of the time

Click Submit when you are done.





# Comments & Questions