



COUNTY OF SANTA CLARA  
**Behavioral Health Services**

**ADMISSION: PRE-ADMIT FOR SUTS**

REV. 11/14/2022

## REVISIONS

Date	Slides	Revisions
11/14/2022	10	Updated – Use 000-00-0000 for unknown SSN.
10/03/2022	7	Updated – If clients are not in PCNX, refer to supporting document


# PRE-ADMIT PROGRAM

## **Purpose of admitting clients in Pre-Admit program:**

The Admission form is used to admit clients into treatment programs. In the case that clients do not enroll into the program, the clients would be admitted into a Pre-Admit program so providers can fill out the Referral Disposition form to indicate why clients were not enrolled.

# SIGN ONTO PROVIDERCONNECTNX

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

 **Netsmart**  
ProviderConnect NX

**System**

**System Code**

**Username**

**Password**

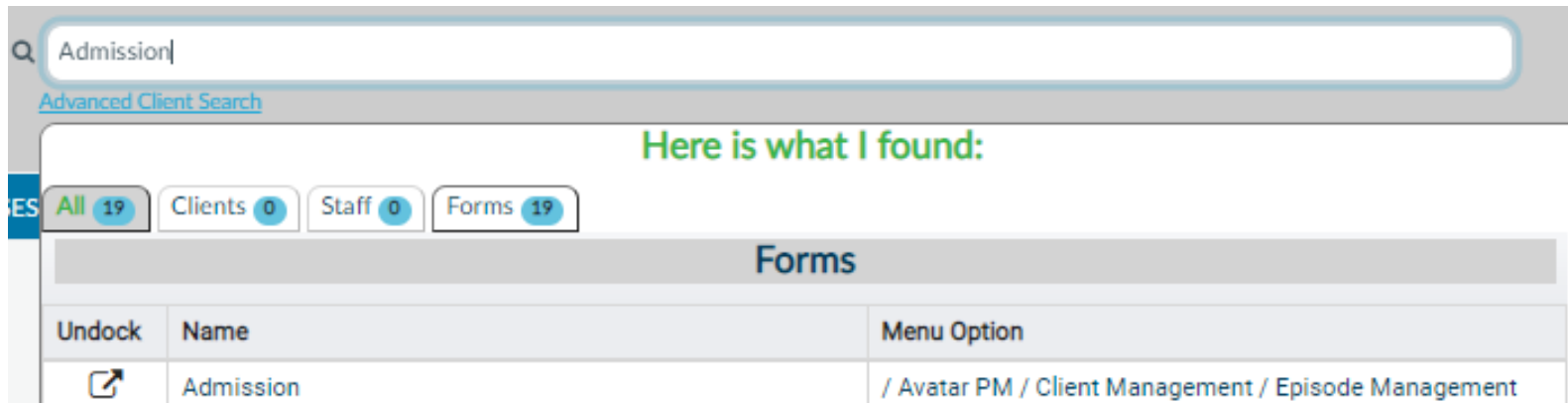
Login

**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.

CCP would not have to admit new clients as clients would already be added by the Call Center.

If CCP receives referral from outside source and client is not in PCNX, please refer to *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.**

**Admission**

- 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

[Online Documentation](#)

**Identification and Treatment Information**

Episode Number: 3

Client Name: FLINTSTONE,FRED

Sex Listed on Insurance Plan \*  
 Female  Male

\*\* Date Of Birth: 12/11/1972 (T Y) Age: 49

Admission Date \*: 04/27/2022 (T Y)

Admission Time \*: 01:18 PM (Current Time H M AM/PM)

Facility Chart Number:

Social Security Number:

Program \*: yMH CCGP - Pre-Admit

Type Of Admission \*: Admission

Source Of Admission: Select

Admitting Practitioner \*: STEPHANNIE TRAN (002004)

Attending Practitioner:

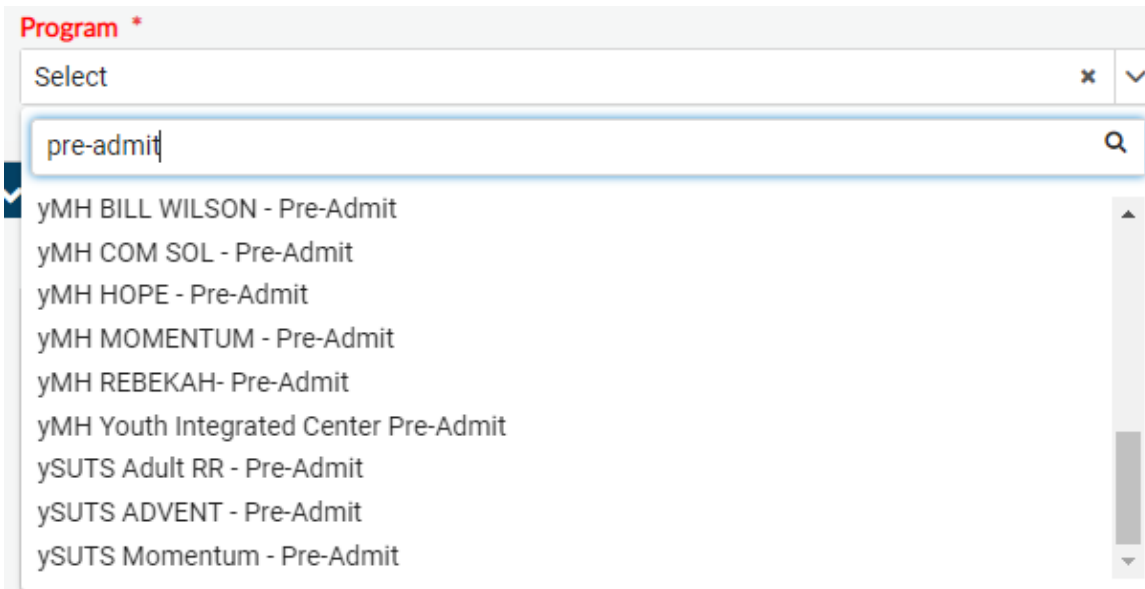
Client's Living Arrangements: Select

Practitioner Type: Select

# IDENTIFICATION AND TREATMENT INFORMATION

**Social Security Number** – Use 000-00-0000 for client’s who do not have an SSN.

**Program** – Select the Pre-Admit program. Pre-Admit program is specific to each individual Provider.



Program \*

Select x v

pre-admit Q

- yMH BILL WILSON - Pre-Admit
- yMH COM SOL - Pre-Admit
- yMH HOPE - Pre-Admit
- yMH MOMENTUM - Pre-Admit
- yMH REBEKAH- Pre-Admit
- yMH Youth Integrated Center Pre-Admit
- ySUTS Adult RR - Pre-Admit
- ySUTS ADVENT - Pre-Admit
- ySUTS Momentum - Pre-Admit

Click Submit to create the episode.

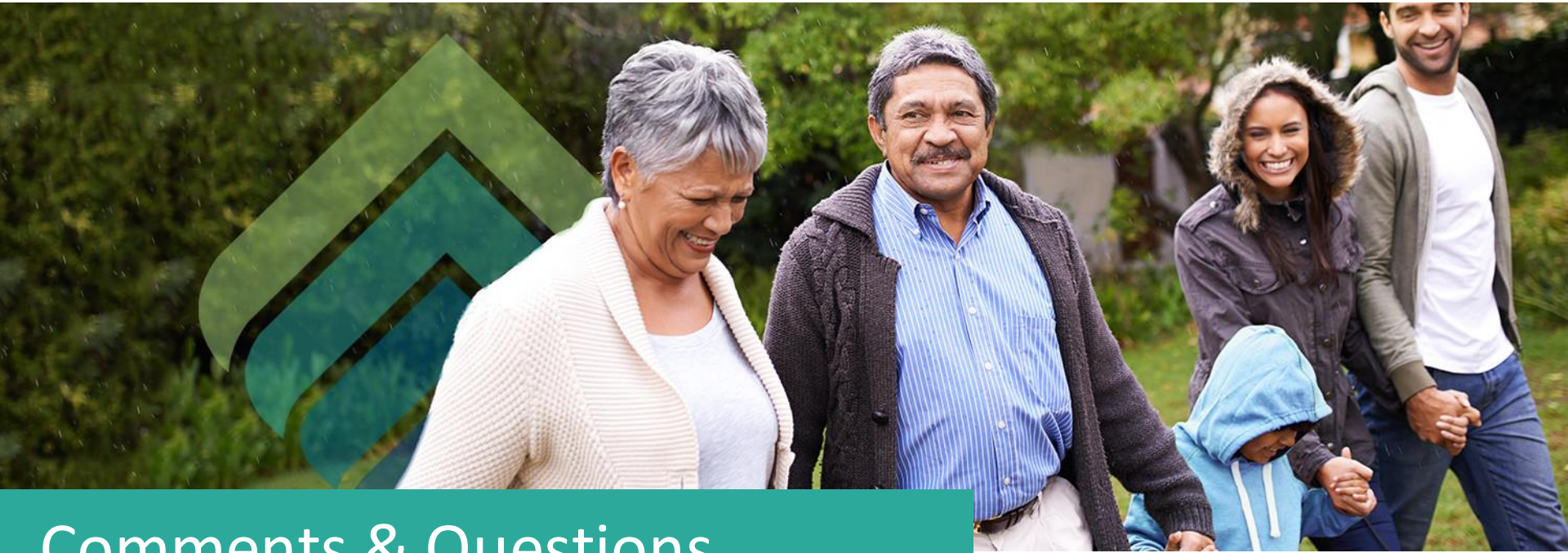


## REFERRAL DISPOSITION

For clients referred to a SUTS program, complete the **Referral Disposition** form.

Once forms are completed use the **Discharge** form to discharge the client from the Pre-Admit program.

The **Admission, Referral Disposition,** and **Discharge** forms should be dated and completed on the same day.



# Comments & Questions