



COUNTY OF SANTA CLARA
Behavioral Health Services

ADMISSION: PRE-ADMIT

REV. 9/12/2024

REVISIONS

Date	Slides	Revisions
06/18/2024	8	Updated image
05/15/2024	3,11	Updated CSI Assessment to BHSD Timeliness Tool
11/14/2022	9	Updated – Use 000-00-0000 for unknown SSN
10/03/2022	6	Updated – If clients are not in PCNX, refer to supporting document

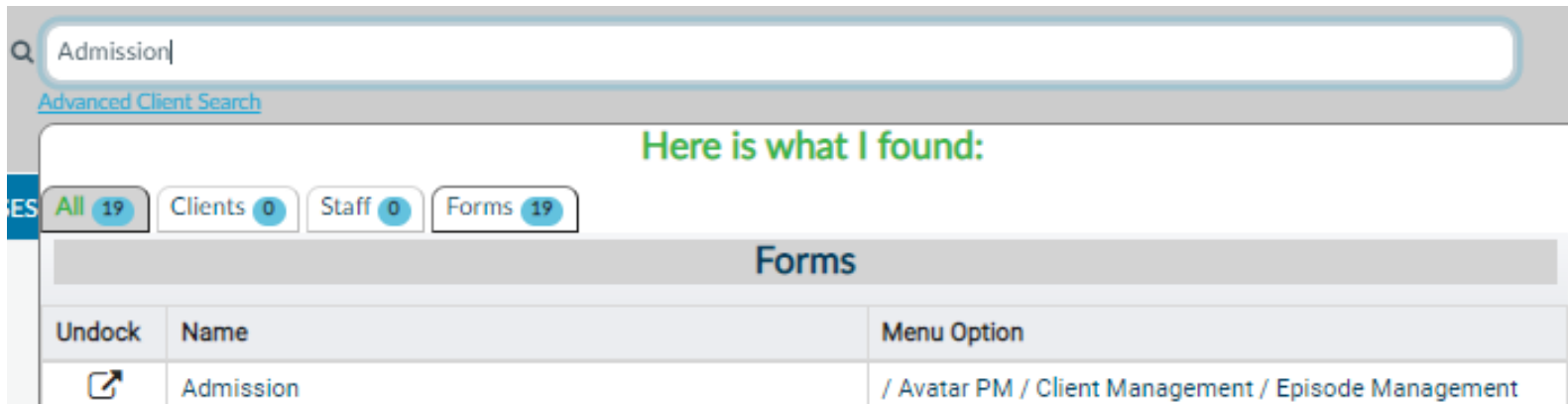
PRE-ADMIT PROGRAM

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 BHSD Timeliness Tool form to indicate why clients were not enrolled.

ADMISSION

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



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

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

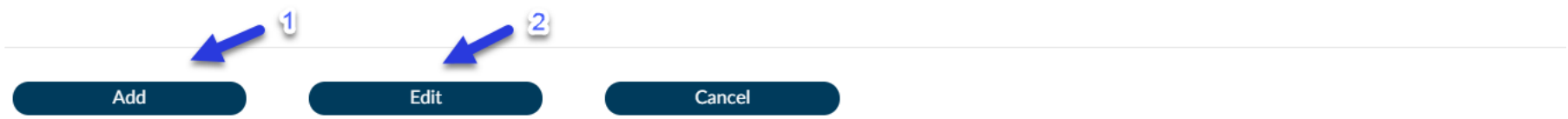
Cancel

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.**

The screenshot shows a web form titled "Identification and Treatment Information" with a sidebar on the left containing navigation options: Admission, Identification and Treatment Information, Presenting Problems/Disabilities, Demographics, Client Demographics, Sexual Orientation and Gender Identity (SOGI) Required, Alias, Smoking Assessment, Agricultural Question, Military Service, Other Client Data, Inpatient/Partial/Day Treatment, CADDs, and Online Documentation. The main form area includes the following fields:

- Episode Number ***: Text input with value "10".
- Client's Legal Name ***: Text input with value "TEST-EHR,TEST-EHR".
- Sex Listed on Insurance Plan ***: Radio buttons for "Female" (selected) and "Male".
- Social Security Number ***: Text input with value "000-00-0000".
- ** Date Of Birth**: Date picker with value "01/01/2018".
- Age**: Text input with value "6".
- Admission Date ***: Date picker with value "06/18/2024".
- Admission Time ***: Time picker with value "12:05 PM" and a "Current Time" button.
- Facility Chart Number**: Empty text input field.
- Program ***: Dropdown menu with value "yMH AACI - Pre-Admit".
- Type Of Admission ***: Dropdown menu with value "Admission".
- Source Of Admission**: Dropdown menu with value "Select".
- Admitting Practitioner ***: Searchable text input with value "CHRIS S. LEE (002196)".
- Attending Practitioner**: Searchable text input field.
- Practitioner Type**: Dropdown menu with value "Select".
- Client's Living Arrangements**: Dropdown menu with value "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.

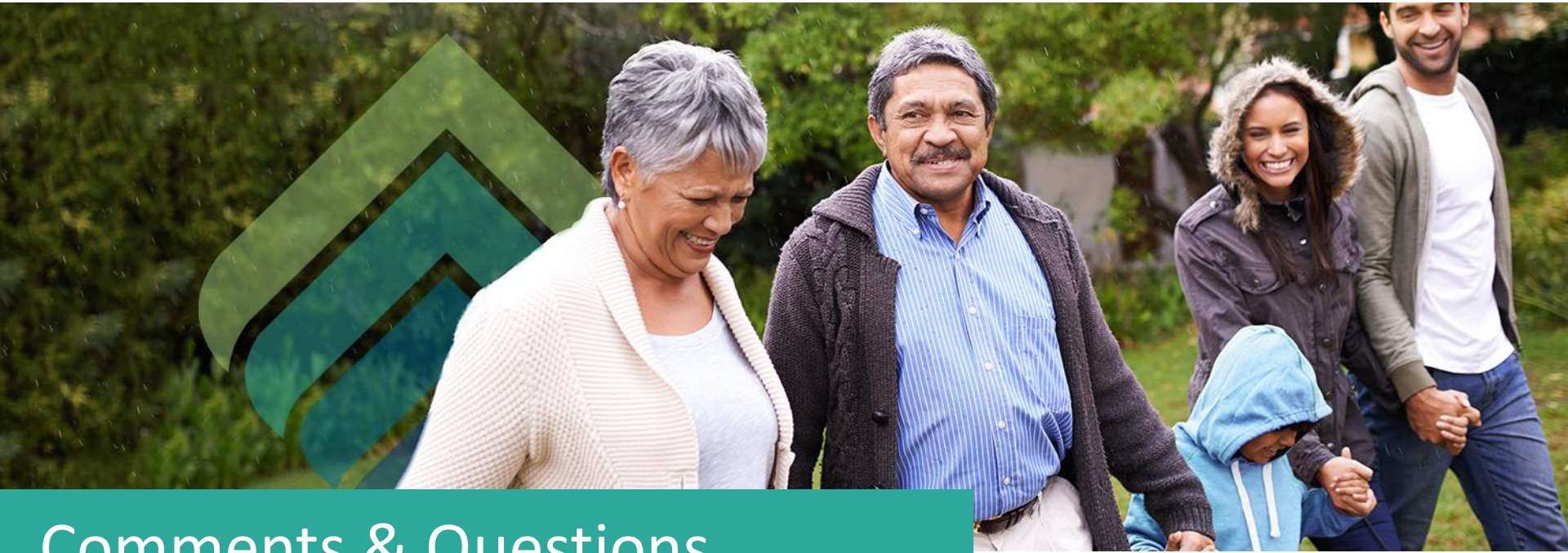


BHSD TIMELINESS TOOL

For clients referred to a MH or SUTS program, complete the **BHSD Timeliness Tool** form.

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

The **Admission**, **BHSD Timeliness Tool**, and **Discharge** forms should be dated and completed on the same day.



Comments & Questions