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1.0 Policy

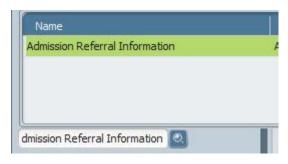
It is the Policy of the Division of Public and Behavioral Health (DPBH), Substance Abuse, Prevention, and Treatment Agency (SAPTA) that all providers, in accordance with 505 (a) of the Public Health Service Act (42 US code 290aa-4) which directs the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), to collect items including admission and discharge data.

2.0 Procedure

1. To begin entering the client's Admission Referral Information, first login to Avatar. On the home screen, in the Search Clients column in the bottom left hand corner, enter the name of your client and select the green bar that appears:



2. Type Admission Referral Information into the Search Forms Column and click on the green bar to select it:



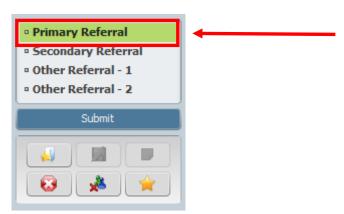
3. You will be taken to the client's Admissions Episodes screen. Choose the appropriate episode to which you are adding the Admission Referral Information and click on the OK button on the bottom of the screen when you are finished:



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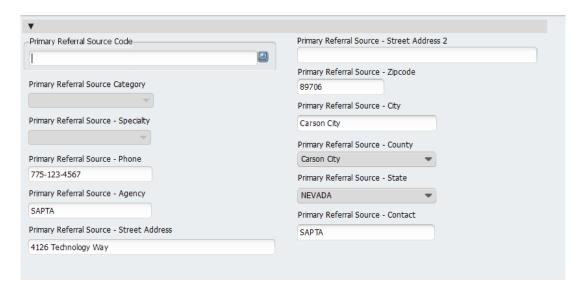
- 4. You will then be taken to the client's Admission Referral Information screen. None of the fields in this screen are required; however it is in your best interest to be as complete as possible.
- 5. To start, you will be at the Primary Referral tab on the left hand side. Please make sure you have the correct tab chosen as highlighted in green:



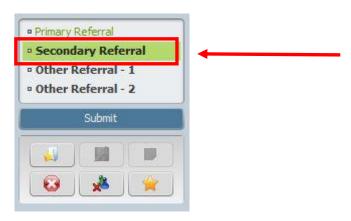
6. Enter the Primary Referral Source Code, the Primary Source Referral Category, the Primary Source Referral Specialty, the Primary Source Referral Phone, the Primary Source Referral Agency, the Primary Source Referral Street Address, (if necessary) the Primary Source Referral Street Address 2, the Primary Source Referral Zip Code, the Primary Source Referral City, the Primary Source Referral County, the Primary Source Referral Phone, and the Primary Source Referral Agency.



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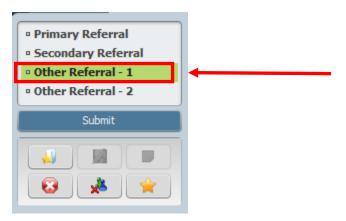
7. Click on the Secondary Referral tab on the left hand side of the screen:



- 8. Again, in the Secondary referral Section, enter the Secondary Referral Source Code, the Secondary Source Referral Category, the Secondary Source Referral Specialty, the Secondary Source Referral Phone, the Secondary Source Referral Agency, the Secondary Source Referral Street Address, (if necessary) the Secondary Source Referral City, the Secondary Source Referral City, the Secondary Source Referral County, the Secondary Source Referral Phone, and the Secondary Source Referral Agency.
- 9. Next, click on the Other Referral 1 tab on the left hand side of the screen:

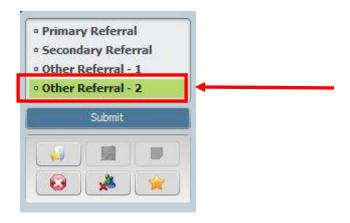


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- 10. In this section, please enter the Other Referral Source Agency, Other Referral Source Street Address, (if necessary) Other Referral Source Street Address 2, Other Referral Source Zip Code, Other Referral Source City, Other Referral Source County, Other Referral Source State, and Other Referral Source Contact.
- 11. If necessary, click on the Other Referral 2 tab on the left hand side of the screen if there is a need to document more referrals:





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- 12. Enter the Other Referral Source Agency, Other Referral Source Street Address, (if necessary) Other Referral Source Street Address 2, Other Referral Source Zip Code, Other Referral Source City, Other Referral Source County, Other Referral Source State, and Other Referral Source Contact.
- 13. When finished entering all of the referrals, click on the submit button and the referrals will be entered into Avatar. You will then be returned to the home screen.

