

ADMISSIONS QUICK REFERENCE

This section will give a general overview of the admissions screen and its sections (ie...Demographics, Treatment and Referral, Financial Eligibility, Interim Services, Critical Populations).

The screenshot shows the SAMS Admissions screen for a client named Mickey Mouse. The top navigation bar includes the system name, database, and user information. Below the navigation bar, there are input fields for Provider, Facility Name, Client, Account, Date, Age, and Sys Client Id. A tabbed interface allows switching between sections: Demographics 3-17, Treatment and Referral 18-26, Financial / Eligibility 27-32, Interim Services, Critical Populations, and Audit. The Demographics section is active, displaying fields for Admit ID, Admission Date, Case Number, Birth Date, Sex, Race, Ethnicity, County of Residence, Marital Status, Veteran status, Living Arrangements, Employment Status, Detailed Not in Labor Force, Years of Education Completed, and participation in support groups. A button at the bottom of the Demographics section reads "Update Demographics from data on Client Screen". Below the main form, there are buttons for Insurance, A.S.I., Diagnosis, Services, Six Month Follow Up, Eligibility, Teen-ASI, Placement, Discharge, and Twelve Month Follow Up.

Demographics

Admit ID: This is a system generated number. It is a sequence generated unique identification number. Do not type anything in this box.

- 3. Admission Date:** Use the actual date of admission, not the day the report was completed. There are eight spaces for the month, day and year. All spaces **must** be completed.

EXAMPLE: If client was admitted to your program on June 22, 2007, you would enter 06/22/2007.

- 5. Case Number:** This item allows programs that have different client numbering systems to place that number in this area. The Case Number is a local number assigned by the treatment Program; **it is not the same as the Client ID**. It is imperative that

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programs that have a separate numbering system use this item. When reporting case number, fill the blocks from the right. Do not enter zeros in unused blocks. Information written in this space will appear on all output reports and will be used when making inquiries or corrections. This item can be left blank. **Do not use dashes or spaces between numbers.**

6. Birth Date: This is a display only field and it contains the date the client was born that was input on the DPHHS Client Information screen (CLS0320).
7. Sex: This is a display only field and it contains the gender of the client that was input on the DPHHS Client Information screen (CLS0320).
8. Race: This is a display only field and it contains the race of the client that was input on the DPHHS Client Information screen (CLS0320).
9. Ethnicity: This is a display only field and it contains the ethnicity of the client that was input on the DPHHS Client Information screen (CLS0320).
10. County of Residence: Using the County Codes listed in Appendix A, enter the county in which the client permanently resides. If the client indicates several locations, ask him where he calls home. If the client lives out-of-state, use code 57.
11. Marital Status: This is a display only field and it contains the marital status of the client that was input on the DPHHS Client Information screen (CLS0320).
12. Veteran: This is a display only field and it contains the Veteran's status that was input on the DPHHS Client Information screen (CLS0320).
13. Living Arrangements: This is to indicate the client's living arrangements at the time of admission. It is a required field and should only be updated if the information provided was incorrect at the time of admission. Valid values and their descriptions are listed below:
 1. Homeless – Clients with no fixed address; includes shelters.
 2. Dependent Living – Client is living in a supervised setting such as a residential institution, halfway house or group home, and children (under age 18) living with parents, relatives, or guardians or in foster care.
 3. Independent Living – Clients living alone or with others without supervision.
 4. Unknown – Use this code if the State collects these data, but for some reason this record does not reflect an acceptable value. Only use this if the client refuses to tell you about his/her living arrangements or what you are told does not fit in one

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of the other categories.

14. Employment Status: Using the codes listed below, indicate if the client is legally employed (includes self-employment) at the time of admission. To qualify as being employed, the client's earnings must be subject to income taxes. For example, stipends and welfare payments are not taxable; therefore, the client receiving these monies would not be considered employed. Homemaker status does not count as employment. Full-time student status does not count as employment. **THIS DATA MUST BE UPDATED IF REPORTING WAS INACCURATE AT ADMISSION!**

1. EMPLOYED FULL TIME - Client works at least 35 hours per week. This option includes service in the armed forces.
2. EMPLOYED PART TIME - Client works less than 35 hours per week.
3. UNEMPLOYED - Client has been looking for work within the last 30 days or is on layoff from a job.
4. NOT IN LABOR FORCE - Includes homemaker, full-time student, working less than 15 hours per week, disabled, retired, institutionalized or not having looked for work within the last 30 days.
5. PUBLIC ASSISTANCE BENEFITS DEPLETED - Client is unemployed and has depleted his/her public assistance benefits.

15. Detailed Not in Labor Force: This field is gives more detailed information about those clients who are coded as "Not in Labor Force" in the Employment Status field. Valid values are listed below.

1. Homemaker
2. Student
3. Retired
4. Disabled
5. Inmate of institution (prison or institution that keeps a person, otherwise able, from entering the labor force).
6. Other

16. Years of Education Completed: This is a display only field and it contains the clients years of education that was input on the DPHHS Client Information screen

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(CLS0320).

17. Has the client participated in a self-help group: This is the social connectedness questions for our block grant application every year. It is a required field and valid values are Yes and No. If the client says Yes, ask how often they attended in the last 30 days.
18. Days Waiting to Enter Treatment: Indicate the number of calendar days, if any, the client had to wait to enter treatment in this component because the program could not accommodate him/her. Do **not** include any days of delay requested by the client.
- 18a. Is client waiting for higher level of care? Check this box if the client is being admitted to a lower level of care while waiting for a higher level of care to become available. The client **must** have had at least one face-to-face service each month to be admitted while waiting for a higher level of care.

EXAMPLE: A primary client is being provided outpatient services while waiting to enter an inpatient program or an intensive outpatient program.

19. Number of Prior CD Treatment Episodes: Enter the number of times (episodes, not individual sessions) the client has received either inpatient or outpatient treatment for alcohol or drug abuse from any program within or outside the state of Montana. Do not count AA meetings, or ACT Program sessions. Report all treatment programs, even if not successfully completed. Treatment does not have to occur within Montana. Enter "0" for no previous alcohol or drug treatment.
20. Admission Status: Using the codes listed below; enter the admission status of the client. Admission status indicates if the client entered treatment voluntarily, as the result of a forced choice, or as a result of an involuntary court order commitment.

1. VOLUNTARY - The client voluntarily entered the program.
2. FORCED VOLUNTARY - The client chose to enter the program as the result of a forced choice.

EXAMPLES:

- The client is a repeat DUI offender.
 - The client entered the program as an alternative to incarceration.
 - The client has been referred for treatment from an ACT Program.
 - The client is an inmate in a penal institution.
3. INVOLUNTARY - The client entered the program as a result of an involuntary commitment. This option is only applicable under section 53-24-302,304 MCA. A copy of the court judgment **must** be included in the client file.

4. COURT ORDER - The client entered the program as a

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result of a court order. A copy of the court order should be included in the client file.

5.

21. IV Usage: Using the codes listed below; enter the last time the client administered an illegal drug intravenously (IV) regardless of whether or not that drug is currently being used by the client. Do not include occasions when a drug was legally prescribed and administered by a physician. **THIS DATA MUST BE UPDATED IF**

REPORTING WAS INACCURATE AT ADMISSION.

1. Never.
 2. During the last 12 months.
 3. Not in the last 12 months, but since 1978.
 4. Not since 1978, but before 1978.
22. Is the Client adversely affected by his/her gambling? This section indicates if the client has experienced adverse effects from his/her gambling, **not the gambling of a family member or significant other**. Mark "yes" if, in the opinion of the counselor/staff and based on observations by the counselor, the client has had several of the following indicators: spending more time or money than intended, feeling guilty about the way he/she gambles, claiming to win but in fact lost, wanting to stop gambling but could not (loss of control), hiding evidence of gambling, going back another day to win back money, arguing with family or others about gambling, or losing time from work (or school) due to gambling. Other indicators are borrowing from relatives, household money, spouse, banks, loan companies, loan sharks or credit cards; passing bad checks, cashing stocks or bonds, selling personal or family property to support their gambling.
23. Agency Referral Source: If the client was referred from a community agency or individual, enter a referral code from the code tables in Appendix A. This is a required field and **must** be completed. If appropriate, question number 20 can also be completed.
24. Program Referral Source: If the client was referred from another treatment program, enter either a state approved program code or a non-state approved program code from the code tables in Appendix A. This field may also be left blank.
25. Detailed Criminal Justice Referral: This field is required and gives more detailed information about those clients who are coded as one of the criminal justice agency referral codes in the Agency Referral field. It is only required for clients being referred from a criminal justice agency.
1. State/Federal Court
 2. Other Court (not State or Federal)
 3. Probation/Parole

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4. Other recognized legal entity (e.g., local law enforcement agency, corrections agency, youth services, review board/agency).
 5. Diversionary program (e.g., TASC)
 6. Prison
 7. DUI/DWI
 8. Other
26. Number of Arrests in the last 30 days: This is a required field. Input the number of arrests the client has had in the last 30 days. This is a count of all arrests, not just those associated with the client's alcohol/drug use. If there were none, type 0.

Financial/Eligibility

27. Household income from all sources (annual): Is expressed in yearly income based on formulas contained in the CDB Providers' Manual, administration section 5 (i.e., if income is evidenced by the most recent three months, then this figure will need to be multiplied by four to determine yearly income for the SAMS reporting. Round this figure to the nearest dollar, filling the blocks from the right. Do not enter zeros in unused blocks. **This field needs updating only if the information was not disclosed but valid at admission.** Clients may not report income lower than actual to minimize the personal cost of treatment or to become financially eligible for state supported services. If new information comes to light, then the admission form would have to be updated to reflect actual income at the time of admission.
28. Pay Frequency: This is a required field and is to contain the frequency of pay for the amount in the Household Income field above. If the value of the Household Income is 0, you will still be required to provide a value for this field.
1. Weekly
 2. Every two weeks
 3. Bi-monthly (twice a month)
 4. Monthly
 5. Annually
29. Number of People in Household: This is a required field and is to reflect the number of people currently living in the client's household.
30. Primary Source of Income: Identifies the client's principal source of financial support. For children under 18, this field indicates the parent's primary source of income/support. It is a required field.
1. Wages/Salary
 2. Public assistance
 3. Retirement/Pension
 4. Disability
 5. Other
 6. None

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31. Primary Source of Payment: Identifies the primary source of payment for this treatment episode. It is a required field.

1. Self-pay
2. Blue Cross/Blue Shield
3. Medicare
4. Medicaid
5. Other government payments
6. Block Grant
7. Worker's compensation
8. Other health insurance companies
9. No charge (free, charity, special research or teaching)
10. Other
11. Unknown

32. Health Insurance: Using the codes listed below; enter the client's health insurance status, regardless of whether or not the insurance will pay for the services provided. Clients with more than one type of insurance should report the carrier with the highest coverage since this will indicate possibility of third party payment. CHAMPUS should be reported as "2" while IHS payment should be reported as "5". Code "7" should be used if the client has insurance but has depleted the benefits available for substance abuse treatment. Code "8" should be used if the client has CHIP (Children's Health Insurance Program). **This is a required field that needs updating only if the information was not disclosed but valid at admission.**

1. Blue Cross/Blue Shield
2. Other Private Insurance
3. Medicare
4. Medicaid
5. IHS
6. None
7. Insurance Benefits Depleted
8. CHIP (HMK)

Interim Services

Check the appropriate box for those services provided to the client prior to admission. Check all that apply.

TB SERVICES include the following:

- Counseling an individual regarding tuberculosis,
- Refer for testing to determine whether an individual has been infected with mycobacteria tuberculosis to determine the appropriate form of

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treatment for the individual,

- Providing for or referring an infected individual to appropriate medical evaluation and treatment.

PREGNANT WOMEN services may include the following:

- Headstart
- Housing Projects
- Family Services
- Day Treatment Programs
- Work Shelters
- Displaced Homemakers
- Homeless Shelters
- MIAMI Programs
- Women's Health Clinics
- Indian Health Services
- Child Protective Services
- Battered Women's Shelters
- WIC
- Public Health Clinics
- Women's Prison/Life Skills

IV DRUG USERS services **must** include the following:

- Counseling and education about HIV and tuberculosis
- Counseling and education about the risks of needle-sharing
- Counseling and education about the risks of transmission to sexual partners and infants
- Counseling and education about steps that can be taken to ensure that HIV transmission does not occur
- Referral for HIV and/or TB treatment services if necessary
- Counseling and education for pregnant women on the effects of alcohol and drug use on the fetus as well as referral for prenatal care.

28. Critical Populations: Check **all** the appropriate boxes for each critical population classification that applies to the client. If you are billing the state for this client, check the YES box. **THIS DATA MUST BE UPDATED IF REPORTING WAS INACCURATE AT ADMISSION.**

- a. DUI OFFENDER - A primary client who received a DUI and is being admitted for treatment.
- b. RECEIVING FOOD STAMPS - A primary client who is receiving food stamps at time of admission.
- c. RECEIVING MEDICAID - A primary client who is receiving Medicaid benefits at time of admission.
- d. RECEIVING AFDC/TANF - A primary client who is receiving Aid for Dependent Children benefits at time of admission.
- e. RECEIVING SSI - A primary client who is receiving SSI benefits at time of admission.
- f. IV DRUG USER - Any individual who is being admitted to treatment with a primary problem of alcohol or a drug other than alcohol and who has injected drugs at any time since 1978.
- g. PROTECTIVE SERVICES CASE - A primary client who is involved with

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- child protective services at time of admission.
- h. ON PROBATION - A primary client who is on probation at time of admission.
 - i. ON PAROLE - A primary client who is on parole at time of admission.
 - j. IN PRE-RELEASE - A primary client who is in a pre-release setting at time of admission.
 - k. OTHER INCARCERATED PERSON - A primary client who is receiving services while residing in a local jail.
 - l. PREGNANT WOMAN - A primary client who is pregnant at time of admission.
 - m. WOMAN WITH DEPENDENTS - A female primary client who has dependent children at time of admission. Includes women who are attempting to regain custody of their children.
 - n. HOMELESS - A primary client who is living in a shelter or is visible on street locations.
 - o. MANDATORY MONITORING - A primary client who requires at least one year of treatment follow-up after a second or subsequent DUI conviction or as a condition of release in the criminal justice system.
 - p. Receiving SSDI – A primary client who receives _____
 - q. Infected AIDS

AUDIT

This screen requires no input from you. It displays information about the creation date of the record and information about the last modification made to the data.

This screen provides a means to input information about the client's insurance, if applicable. The required fields on the screen are the Account Opened Date, Company Name, and Begin Date. Status has a default value of Active.

Account Related Information

Account Opened Date – This is the admission date. Type the date in MM/DD/YYYY format (including the slashes).