7 - Admission Design Document

# Admission Document

New Directions

2.23.2015

Version: 1.2

## Summary

### *Purpose*

## System Design

### *Use the existing Valley Registration with the following changes. Please note, I have only listed the sections/tabs that changed.*

Here is a high level of changes:

* Change the name from ‘Registration’ to ‘Admission’
* Demographics tab – shifted items around to make it fit
  + Marital Status – drop down values
  + Change ‘Hispanic Origin’ to ‘Ethnicity’ and drop down values
  + Add field for ‘Tribal Affiliation’ – drop down
  + Interpreter Needed –drop down values (feed from Inquiry)

1. Additional Information tab
   * Change ‘Education Level’ to ‘Education Completed’ and drop down values
   * Education Status - drop down values
   * Add field for ‘Does Client have IEP?’ – radio button
   * Employment status – drop down values
   * Add field for ‘Enrolled in vocational rehab’ – radio button
   * Add field for ‘Number of employers in the last 12 months’ – text box
   * Add field for ‘School Attendance’ – drop down
   * Add field for ‘Registered Sex Offender’ – drop down
   * Add field for ‘Number of arrests in past 12 months’ – text box
   * Add field for ‘Client Type’ – drop down
   * Add field for ‘Client is registered voter’ – radio button
   * Add field for ‘Client has been provided voting information – conditional, if ‘no’ selected in previous question – text box
   * Change ‘Screened for co-occurring’ to ‘Co-Occurring Health Problem’
   * Change ‘Advance Directive’ to ‘Mental Health Advance Directive’
   * Change Living Arrangements – drop down values
   * Change checkboxes under ‘If yes, please select the types of services the client has received (under previous substance abuse services)
2. Insurance tab
   * Medicaid field – radio button
   * Change ‘Household Annual Income’ to ‘Gross Household Annual Income’
3. Episode tab
   * change ‘Disposition’ to ‘Status’ – drop down
   * Change ‘Registration Date’ to ‘Admit Date’
   * Change ‘Referral Type’ to ‘Source of Referral’ – and drop down values
4. Program Enrollment tab
   * Add field for ‘Facility’ – drop down
5. Forms and Agreements tab
   * Keep Consent to Treatment
   * Delete the others
   * Insert:
     1. Individual Rights
     2. Complaint and Grievance Process
     3. Notice of Privacy Practices
     4. Mental Health Advance Directive Information
     5. Rules associated with Substance Abuse/Gambling Treatment Enrollment
     6. HIPAA

### *Demographics tab*



#### Requirements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization | Document Creation Initialization |
| First Name | Yes | Via textbox | Demographics-Basic demographics- First Name is required | Pulls from client information | Pulls from client information |
| Middle Name | No | Via textbox |  | Pulls from client information | Pulls from client information |
| Last Name | Yes | Via textbox | Demographics-Basic demographics- Last Name is required | Pulls from client information | Pulls from client information |
| Suffix | No | Via dropdown selection   * II * III * IV * Jr * Sr | None | Pulls from client information | Pulls from client information |
| SSN | Yes | Via textbox | Demographics-Basic demographics- SSN is required | Pulls from client information | Pulls from client information |
| SSN Unknown/Refused | No | Via checkbox | None | None | Pulls from previous document |
| DOB | Yes | Via calendar date selection | Demographics-Basic demographics- DOB is required | Pulls from client information | Pulls from client information |
| Gender | Yes | Via drop down selection | Demographics-Basic demographics- Gender is required | Pulls from client information | Pulls from client information |
| Primary method of communication | No | Via dropdown selection   * Verbal * Sign language * Written * Augmentative Devices | None | None | Previous document |
| Marital Status | Yes | Via dropdown selection   * Never married * Married * Separated * Divorced * Widowed * Unknown * Living as married | Demographics-Basic demographics- Marital Status is required | Pulls from client information | Pulls from client information |
| Primary language | Yes | Via dropdown selection (same as on Inquiry)   * Achinese * Acoli * Adangme * Afar * Akan * Albanian-alb * Arabic * Armenian-arm * Armenian -hye * Bosnian * Cambodian * Chinese-Cantonese * Croatian * Efik * English * Farsi * French * German-ger * German-deu * Greek * Hebrew * Hindi * Hmong * Italian * Japanese * Karen * Kirundian * Korean * Kurdish * Laotian * Navajo NativeAmerican * Portuguese * Romanian * Russian * Samoan * Serbian * Sign languages * Somalian * Spanish * Sudanese * Swahili * Tamil * Thai * Tibetan * Tongan * UTE Native American * Vietnamese * Zulu * Other | Demographics-Basic demographics- Primary language is required | Pulls from client information | Pulls from client information |
| Other Language | Conditional – If ‘Other’ primary language selected | Text box | Demographics-Basic demographics- Other language is required | None | Previous document |
| Secondary language | Yes | Via dropdown selection (same as on Inquiry)   * Achinese * Acoli * Adangme * Afar * Akan * Albanian-alb * Arabic * Armenian-arm * Armenian -hye * Bosnian * Cambodian * Chinese-Cantonese * Croatian * Efik * English * Farsi * French * German-ger * German-deu * Greek * Hebrew * Hindi * Hmong * Italian * Japanese * Karen * Kirundian * Korean * Kurdish * Laotian * Navajo NativeAmerican * Portuguese * Romanian * Russian * Samoan * Serbian * Sign languages * Somalian * Spanish * Sudanese * Swahili * Tamil * Thai * Tibetan * Tongan * UTE Native American * Vietnamese * Zulu * Other | Demographics-Basic demographics- Secondary language is required | Pulls from client information | Pulls from client information |
| Ethnicity | Yes | Via dropdown selection   * Hispanic (Puerto Rico) * Hispanic (Mexican) * Hispanic (Cuban) * Hispanic (No Specific Origin) * Not of Hispanic Origin * Unknown | Demographics-Basic demographics- Ethnicity is required | Pulls from client information | Pulls from client information |
| Race | Yes | Via dropdown selection   * American Indian or Alaskan native * Asian * Black or African American * White * Other Single Race * Native Hawaiian or other * Pacific islander * Two or More Races * Unknown race | Demographics-Basic demographics- Race is required | Pulls from client information | Pulls from client information |
| Tribal Affiliation | Yes | Via drop down   1. 01=Burns Paiute Tribe 2. 02=Confederated Tribes of Coos, Lower Umpqua & Siuslaw 3. 03=Confederated Tribes of Grand Ronde 4. 04=Confederated Tribes of the Siletz 5. 05=Confederated Tribes of the Umatilla 6. 06=Confederated Tribes of Warm Springs 7. 07=Coquille Indian Tribe 8. 08=Cow Creek Band of Umpqua Indians 9. 09=Klamath Tribes 10. 10=Not Applicable 11. 11=Other |  |  |  |
| Interpreter needed | No | Via dropdown selection   * Yes * No | None | None | Pull from Inquiry |
| Medicaid ID | No | Via textbox | None | None | Previous document |
| Handicaps | No | Via checkbox selections   * Deaf * Developmentally disabled * Blind/severe visual impairment * Non-ambulation * Severe medical issues | None | None | Previous document |

#### Rules

|  |  |  |  |
| --- | --- | --- | --- |
| Field | Rules | Validation Messages | Initializations occurring on Signature |
| First Name | None | None | Update client demographics – first name |
| Middle Name | None | None | Update client demographics – middle name |
| Last Name | None | None | Update client demographics – last name |
| Suffix | None | None | Update client demographics – suffix |
| SSN | Make sure 9 digits |  | Update client demographics – SSN |
| DOB | Cannot be in the future or older than 120 | None | Update client demographics - DOB |
| Gender | None | None | Update client demographics – Gender |
| Marital Status | None | None | Update client demographics – marital status |
| Primary language | None | None | Update client demographics – primary/preferred language |
| Primary language Other | When other is selected-display additional textbox, requires text entry | Demographics-Basic demographics- Primary language other is required | See MHE Specs line 21. |
| Hispanic origin | None | None | Update client demographics – Hispanic origin |
| Race | None | None | Update client demographics - race |

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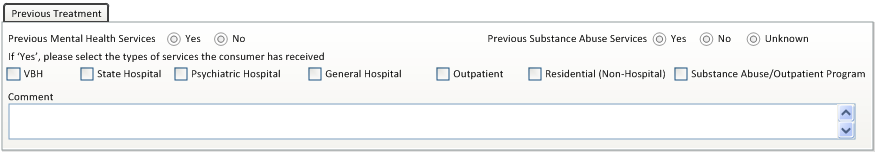
### *Additional Information tab*



#### Requirements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization | Document Creation Initialization |
| Citizenship | No | Via dropdown   * US Citizen * Immigrant – Documented * Immigrant – Non-Documented | None | None | Via previous Registration |
| Birth Place | No | Via Text Field | None | None | Via previous Registration |
| Birth certification | No | Via checkbox | None | None | Via previous Registration |
| Religion | No | Via Dropdown   * Amish * Assembly of God * Baptist * Bible Fellowship * Brethren In Christ * Catholic * Church of the brethren * Church of Christ * Church of God * Evangelical Cong Church * Episcopalian * Evangelical * Grace brethren * Independent * Jewish * Lutheran * LDS * Mennonite * None | None | None | Via previous Registration |
| Forensic court ordered Treatment | No | Via Dropdown   * Not applicable * Department of corrections client * Unable to stand trial * Unable to stand trial – extended Term * Unable to stand trial – G2 * Not guilty by reason of insanity * Civil Court ordered – treatment * Criminal court – ordered treatment * Court- ordered evaluation/assessment only * Unknown, declined to answer | None | None | Via previous Registration |
| Co—Occurring Health Problem | No | Via Dropdown   * Yes * No | None | None | Via previous Registration |
| Employment Status | Yes | Via Dropdown   * Full time (35 hours or more) * Part time (17-34 hours) * Irregular (fewer than 17 hours) * Unemployed * Not in labor force * Disabled * Homemaker * Hospital patient/Resident of other Institution * Retired * Sheltered/non-competitive employment * Student * Unknown * Other reported classification | Additional Information – employment status is required | Client demographics – employment status | Client demographics – employment status |
| Education Completed | Yes | Via dropdown   1. 0 2. 1 3. 2 4. 3 5. 4 6. 5 7. 6 8. 7 9. 8 10. 9 11. 10 12. 11 13. 12/GED 14. 13 15. 14 16. 15 17. 16 18. 17 19. 18 20. 19 21. 20 22. 21 23. 22 24. 23 25. 24 26. 25 | Additional Information – Education Completed is required | None | Via previous Registration |
| School Attendance | Yes | Via drop down   1. Attending school regularly: 5 days or less absent 2. Home schooled 3. Not applicable 4. Not attending school regularly: 6 days or more absent 5. Not available | Additional Information – School Attendance is required | None | Via previous registration |
| Education Status | Yes | Via drop down   1. Currently: Regular education 2. Currently: Special education 3. Alt Education (HS degree) 4. Conditioning Education 5. Vocational Training 6. Not currently enrolled | Additional Information – education status is required | None | Via previous Registration |
| Does Client have IEP? | Yes | Via radio button   * Yes * No | Additional Information – Does Client have IEP is required | None | None |
| Have you ever or are you currently serving in the military | Yes | Via Dropdown   * Yes * No | Additional Information – Have you ever or are you currently serving in the military is required | None | None |
| Enrolled in vocational rehab | Yes | Via radio button   * Yes * No | Additional Information – Enrolled in vocational rehab is required | None | None |
| Number of employers in the last 12 months | Yes | Via textbox | Additional Information – Number of employers in the last 12months is required | None | None |
| Justice System Involvement | No | Via Dropdown   * Not applicable * Arrested * Charged with a crime * Incarcerated – Jail * Incarcerated – Prison * Juvenile Detention center * Detained – Jail * Mental Health Court * Other * Unknown, decline to answer | None | None | Via previous Registration |
| Registered Sex Offender | Yes | Via drop down   1. Yes 2. No 3. Unknown | Additional Information – Registered Sex Offender is required | None | None |
| # of Arrests in the last 30 days | Yes | Via textbox | Additional Information - # of Arrests in the last 30 days is required | None | none |
| # of Arrests in the last 12 months | Yes | Via textbox | Additional Information - # of Arrests in the last 12 months is required | None | none |
| Tobacco Use | Yes | Via Dropdown   * Never smoked * Former smoker * Current someday smoker * Current every day smoker * Use smokeless tobacco only in last 30 days * Current status unknown * Not applicable * Former smoking status unknown | Additional information – tobacco use is required | None | Via previous Registration |
| Client Type | Yes | Via drop down   1. Inpatient Mental Health 2. Medication Management 3. Outpatient Mental Health 4. Supported Living 5. Other 6. None | Additional Information – Client Type is required | None | Via previous registration |
| Mental Health Advance Directive | Yes | Via Dropdown   * Yes * No | Additional information – advance directive is required | None | Via previous Registration |
| SSI/SSD Status | No | Via Dropdown   * Not applicable * Eligible, receiving payments * Eligible, not receiving payments * Eligibility determination pending * Potentially eligible, has not applied * Determined to be ineligible * Eligibility status unknown | None | None | Via previous Registration |
| Living Arrangements | Yes | Via Dropdown   * Transient/homeless * Foster home * Residential facility * Jail * Prison * Room and board * Supported housing (scattered site) * Supported housing (congregated site) * Alcohol and drug free housing * Oxford home * Other private residence | Additional information – living arrangements is required | None | Via previous Registration |
| Client is registered voter | Yes | Via radio button   * Yes * No | Additional Information – Client is registered voter is required | None | None |
| Client has been provided voting information | Conditional, yes if “Client is registered voter” = No | Via textbox | Additional Information - Client has been provided voting information is required | None | None |

#### 



#### Requirements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization | Document Creation Initialization |
| Previous Mental Health Services | YES Conditional  *(not required when primary program is a flexcare program)* | Via radio buttons   * Yes * No | Additional Information–Previous Treatment – Previous Mental Health Service is required | None | Via previous registration document |
| Previous Substance Abuse Services | Not required | Via radio buttons   * Yes * No * Unknown | Additional Information–Previous Treatment – Previous Substance Abuse Services is required | None | Via previous registration document |
| If Yes, please select the types of services the client has received (check all that apply) | Required if Previous Mental Health Services or Previous Substance Abuse Services = Yes | Via Checkbox   1. VBH 2. State hospital 3. Psychiatric hospital 4. General hospital 5. Outpatient 6. Residential (non-hospital) 7. Substance abuse 8. Civil commitment | Additional Information –Previous Treatment – Provider types are required | None | Via previous registration document |
| Comments | No | Via textbox | None | None | Via previous registration document |

### *Insurance tab*

### 

#### Requirements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization | Document Creation Initialization |
| Medicaid | Yes | Via radio button | Insurance – Coverage Information – Medicaid is required | None | None |
| Plan | No | Via dropdown selection | None | From client plans & time spans | From client plans & time spans |
| Insured ID | Conditional *(if payer is indicated)* | Via textbox | Insurance-Coverage information- Insurance ID is required | From client plans & time spans | From client plans & time spans |
| Group ID | Conditional *(if payer is indicated)* | Via textbox | Insurance-Coverage information-Group ID is required | From client plans & time spans | From client plans & time spans |
| Comment | No | Via textbox | None | From client plans & time spans | From client plans & time spans |
| Scan insurance card | No | Via blue button and popup | None | From client plans & time spans | From client plans & time spans |



#### Requirements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization | Document Creation Initialization |
| Head of household | No | Via checkbox | None | None | Previous registration document |
| Household Composition | No | Via dropdown   * Lives Alone * Lives with One or More Relatives * Lives with non-related person(s) * Lives with Single Parent * Lives with both parents * Unknown, declined to answer | None | None | Previous registration document |
| # in Household | Yes – must be 1 or greater for state data | Via Text Box | Funding – Income/Fee General – Number in household is required | None | Previous registration document |
| # of Dependents | Yes | Via Text Box | Funding – Income/Fee General – number of dependents is required | None | Previous registration document |
| Client Annual Income | Yes | Via Text Box | Funding – Income/Fee General – Client annual income is required | None | Previous registration document |
| Gross Household Annual Income | Yes | Via Text Box | Funding – Income/Fee General –Gross household annual income is required | None | Previous registration document |
| Client Monthly Income | Yes | Via Text Box | Funding – Income/Fee General –client monthly income is required | None | Previous registration document |
| Primary Source | *Required The Alternate Source of Income will be optional* | Via Dropdown   * Legal Employment, Wages and Salary * Welfare, Public Assistance * Pension, Retirement Benefits, Social Security * Disability, Worker's Comp * Other * None * Unknown | Funding – Income/Fee General –primary source is required | None | Previous registration document |
| Charge Client % of standard rate | No | Via text box | Funding – Income/Fee Special Fee– both charge client & and begin date are required | None | Previous registration document |
| Begin Date | No | Via text box | Funding – Income/Fee Special Fee– both charge client & and begin date are required | None | Previous registration document |
| Comments | No | Via Text field | None | None | Previous registration document |
| Start Date | No | Via Text Field | Funding – Income/Fee Self Determination Fee– Start Date and End date are required | None | Previous registration document |
| End Date | No | Via Text Field | Funding – Income/Fee Self Determination Fee– Start Date and End date are required | None | Previous registration document |
| Income Verified | No | Via Checkbox | Funding – Income/Fee Income verified is required | None | Previous registration document |
| Calculation Fee | No | Via Button | None | None | None |
| Per Session Fee | No | Via Text Field | Funding – Income/Fee Self Determination Fee– Per session fee is required | None | None |
| Financial Comments | No | Via textbox | None | None | None |

#### Rules

|  |  |  |  |
| --- | --- | --- | --- |
| Field | Rules | Validation Messages | Initializations occurring on Signature |
| Financial Comments | None | None | Update the accounting notes section of the “client account” tab |
| Calculation Fee | If the user enters in Client Annual Income, the system will calculate the Client Monthly Income field using the equation Client Annual Income divided by 12. If the user enters in Client Monthly Income, the system will calculate the Client Annual Income field using the equation 12 \* Client Monthly Income. | None | None |
| Client Annual Income | If the user puts a value in this field then calculate ‘Client Monthly Income’ | None | None |
| Client Monthly Income | If the user puts a value in this field then calculate ‘Client Annual Income’ | None | None |

### *Episode tab*



#### Requirements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization | Document Creation Initialization |
| Status | Yes | Via Dropdown Selection   * Default to registered | Episode – Case Information – Status is required | None | None |
| Referral/Screening Date | No | Via text Field | None | Initialize from inquiry most recent start date. | None |
| Admit Date | Yes | Via Text Field | Episode – Case Information – Admit Date is required | None | None |
| Information | No | Via Comment Box   * Auto populated field | None | None | None |

#### Rules

|  |  |  |  |
| --- | --- | --- | --- |
| Field | Rules | Validation Messages | Initializations occurring on Signature |
| Admit Date | Create an episode on signature | None | Admit date is the episode start date. |



#### Requirements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization | Document Creation Initialization |
| Referral date | Yes | Via calendar date selection | Episode – Referral Resource – referral date is required | Via client information | Via client information |
| Source of Referral | Yes | Via dropdown selection   * ADES * Advocacy Group * Aging and People with Disabilities * Attorney * Child Welfare (CW) * Coordinated Care Organization * Crisis/Helpline * Developmental Disabilities * Employment/EAP * Employment Services * Family/Friend * Jail * Juvenile Justice System/OYA * Police/Sherriff * Psychiatric Security review Board (PSRB) * School * Self * Vocational Rehabilitation * Unknown * Other * None * Circuit Court * Community Housing * Community Based MH or SA Provider * Federal Correctional Facility * Federal Court * Integrated Treatment Court * Justice Court * Local MH Authority/Community MH Provider * Municipal Court * Parole * Probation * Private Health Professional * State Correctional Facility * State Psychiatric Facility * Veterans Affairs (VA) | Episode – Referral Resource – Source of referral is required | Via client information | Via client information |
| Referral subtype | None | Via dropdown selection   * Probation/Parole * Court * Attorney * Jail/Police * School District/School * Social Service Agency * Nursing Home Ext Care * Emergency Room * Other Physician * Psychiatric Hospital * Outpt Psych Clinic * Private Psychiatrist * Other Private MH Practitioner * Other CMHC * Community Residential * Other Inpt Residential * Substance Use Inpt Tx * Substance Use Outpt Tx * Assisted Living * Nursing Facility | None | Via client information | Via client information |
| Organization Name | If Referral type other than Self and Family/Friend is entered then we must have at the least a first and last name or an organization. | Via textbox | Episode – Referral Resource – organization name or first/last name is required | Via client information | Via client information |
| Phone Number | No | Via Textbox | None | None | Via client information |
| First Name | If Referral type other than Self and Family/Friend is entered then we must have at the least a first and last name or an organization. | Via Textbox | Episode – Referral Resource – organization name or first/last name is required | Via client information | Via client information |
| Last Name | If Referral type other than Self and Family/Friend is entered then we must have at the least a first and last name or an organization. | Via Textbox | Episode – Referral Resource – organization name or first/last name is required | Via client information | Via client information |
| Address | No | Via Textbox | None | None | Via client information |
| email | No | Via disabled textbox | None | None | Via client information |
| Comments | No | Via disabled textbox | None | None | Via client information |

#### Rules

|  |  |  |  |
| --- | --- | --- | --- |
| Field | Rules | Validation Message | Initializations Occurring on Signature |
| Referral date | None | None | Pushes to client information referral tab – referral date |
| Source of Referral | None | None | Pushes to client information referral tab – Source of referral |
| Referral subtype | None | None | Pushes to client information referral tab – referral subtype |
| Organization Name | None | None | Pushes to client information referral tab – additional information. Needs to appear in the following order Organization Name/First Name/Last Name, address, phone number, email, comments |
| Phone Number |
| First Name |
| Last Name |
| Address |
| email |
| Comments |

### *Program Enrollment tab*



#### Requirements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization | Document Creation Initialization |
| Primary Program | Yes | Via Dropdown Selection   * Will contain a list of all active programs | Program Enrollment –primary program is required | None | None |
| Facility | Yes | Via drop down   1. NDN Behavioral Health & Wellness 2. Baker House 3. Elkhorn 4. Developmental Disabilities 5. Recovery Village 6. Other | Program Enrollment – Facility is required | None | None |
| Status | Yes | Via Drop Down Selection   * Requested * Enrolled | Program Enrollment - status is required | None | None |
| Primary Care Coordinator | No | Via Dropdown selection   * List of all active staff | None | None | None |
| Requested Date | Yes = requested status | Via Text Field | Program Enrollment - requested date is required | None | None |
| Enrolled Date | Yes = enrolled status | Via Text Field | Program Enrollment - enrolled date is required | None | None |

#### Rules

|  |  |  |  |
| --- | --- | --- | --- |
| Field | Rules | Validation Message | Initializations Occurring on Signature |
| Primary Program | None | None | Client will be enrolled into program |
| Status | None | None | Client will be enrolled into the program with specific status |
| Primary Care Coordinator | None | None | * Client will be enrolled into the program with the specific primary care coordinator * Push staff selected here to the “primary clinician” in the client information module |
| Requested Date | None | None | Client will be enrolled into the program with the specific requested date |
| Enrolled Date | None | None | Client will be enrolled into the program with the specific enrolled date |

### *Forms and Agreements tab*



## Unresolved Issues