

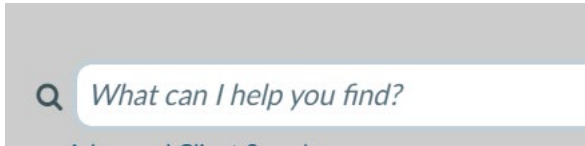


CENS DOCUMENTATION HELPER

Draft 10.03.2023



- PCNX is still Sage, just with a different look.
- You can use the Search tool to find a client record (last name, first name) or a form (start typing the name of the form).



- If something isn't working right, call the Sage Help Desk at (855) 346-2392.
- “Episode” = Agency Record
- Forms have sections that you will have to click on. Always check you have completed all sections before finalizing.
- Some information will already be entered into the forms. Do not change information that is already filled in.
- You may have a lot of TO DO items. You will need to Review and Finalize these items to clear your TO DO list.

SCREENING

1. Admission (Outpatient) – Unless client already has a record at your agency, which is called “episode.”
2. ASAM
3. Service Connections Log (all 3 sections)

NO SCREENING

1. Admission (Outpatient) – Unless client already has a record at your agency, which is called “episode.”
2. Monthly Activity Report

Added steps for billing Medi-Cal enrolled clients

1. Financial eligibility
2. 270
3. Diagnosis
4. Progress note for each service. Note: If your agency uses an electronic health record other than Sage, your supervisor will train you on completing progress notes in that system.

Admission (Outpatient)



Start Here for a New Client

Open the Admission (Outpatient) form. Client Search will open.

Enter client's last name, first name, and sex → Search
Enter SSN, if known, for more accurate search results.

Scroll down to see if client is located. If more than one client, verify the SSN. You can click on the client record to see more details.

Does the client have an "Episode" listed?

Yes → Click on Client's name and verify that it is the correct client. Update any information that may have changed, such as address.

No → Click on New Client

Note: "Episode" is the client's record at your agency. Even if the episode date is far in the past, it is what you will use for all documentation for that client.

Client Search

Last Name	First Name	Sex
<input type="text" value="Doe"/>	<input type="text" value="Jane"/>	<input type="text" value="Female"/>
Social Security Number	Date of Birth	
<input type="text"/>	<input type="text"/>	
Assigned ID	Alias	Alias (Additional Text)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Info	Score	Name	ID	Date Of Birth	Client's Address - City	Client's Address - Zipcode	Alias	Social Security Number
Info	91	DOE,JANE	159927	01/01/2000	LOS ANGELES	90035		000-00-0000
Info	91	DOE,JANE MARY	160785	08/25/1988	Alhambra	91803	MEMETEST1	562-34-5678

Admission (Outpatient) For a New Client



Complete Admissions and Demographics sections as completely as possible.

Note: Type of Admission = First admission if this is the first time client is being seen at your agency.

Source of admission: Leave this blank.

ADMISSION (OUTPATIENT)

Submit Discard Add to Favorites

- Admission
- Episode Information
- Rights/Disabilities
- Demographics
 - Client Demographics
 - SOGI
 - Contact Information
 - Smoking Status
 - Military Status
 - Alias
- Other Client Data
- Financial Eligibility
- Online Documentation

▼ Episode Information

Client Name *
DOE,JANE

Episode Number 1 **Social Security Number**

Date Of Birth **Age**

Sex *
 Female Male Other
 Unknown

Preadmit/Admission Date * T Y

Preadmit/Admission Time * Current Time H M AM/PM

Admitting Practitioner *

Program *

Type Of Admission *

Source Of Admission

▼ Rights/Disabilities

Update Demographics for Existing Client



For existing clients, you can update information like phone number or address any time. Search for the “UPDATE CLIENT DATA” form and make any necessary changes.

UPDATE CLIENT DATA Submit Discard Add to Favorites

- Update Client Data
- Demographics
- SOGI
- Contact Information
- Smoker Status
- Pregnancy Status
- Veteran/Military
- Alias

Online Documentation

Demographics

Client Name: DOE,JOHN Maiden Name: Marital Status: Select

Preferred Name: Personal Pronouns: Primary Language: Select Client Race: Select

Client Last Name: DOE Client First Name: JOHN Ethnic Origin: Select Country Of Origin: Select

Client Middle Name: Religion: Select Education: Select

Suffix:
 Sr Jr III
 IV V VI

Date Of Birth: 01/01/1945

Social Security Number: 999-99-9999 Alternate Social Security Number:

Sex *
 Female Male Unknown
 Other

Client Declined To Provide Information On The Following
 Ethnic Origin Race Language

Open “FINALIZE ASAM ASSESSMENT” form and click “Refresh ASAM Information”

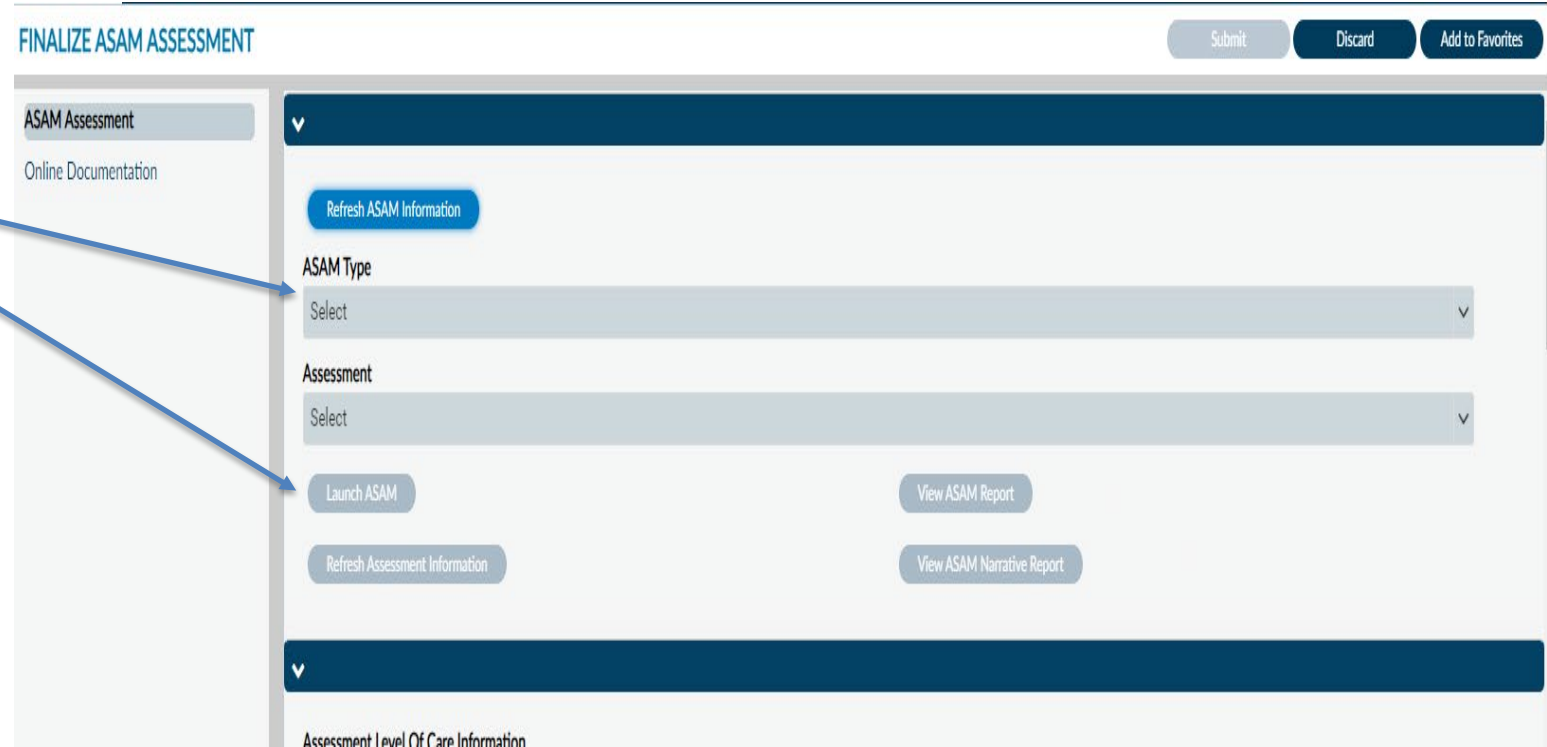
ASAM Type: CONTINUUM Triage
Assessment: Create New

Click “Launch ASAM” to open the ASAM in another browser window. Complete the ASAM CO-TRIAGE and Click “Submit.” You can close that window after submitting.

Refresh ASAM Information (top of form).
Select the Assessment that you created.

Scroll down to complete the form.

Select “Draft”. If you still need to make changes or Final if you are done. **You must select Final when you are finished.**



FINALIZE ASAM ASSESSMENT

Submit Discard Add to Favorites

ASAM Assessment

Online Documentation

Refresh ASAM Information

ASAM Type

Select

Assessment

Select

Launch ASAM View ASAM Report

Refresh Assessment Information View ASAM Narrative Report

Assessment Level Of Care Information

Service Connections Log (SCL)



Search for client and select the Episode for your agency.

Section 1 – Service Connections Log, specific answers required:

- **Form Status:** Select Draft for now. **DO NOT** finalize until you have completed the CENS and SUD Referrals Provided sections.

Section 2 – CENS and CORE Only, specific answers required:

- Be sure to complete all relevant information, especially referrals to ancillary services and CENS Central Services.

Section 3 – SUD Referrals Provided

If updating a prior referral, select that referral and click “EDIT SELECTED ITEM.” For a new referral, click “ADD NEW ITEM” and scroll down.

Complete all relevant fields. Note: Form Status should be draft if you will continue to make edits to this SCL entry.

REQUIRED FINAL STEP FOR SERVICE CONNECTIONS LOG:

Select Form Status: “FINAL” at the bottom of the Service Connections Log section. This must be done after all referrals have been made and Overall Disposition is indicated.

NOTE: If client returns to CENS and needs to be screened again, a new Service Connections Log form can be completed.

SERVICE CONNECTIONS LOG

Submit Backup Discard Add to Favorites

- Service Connections Log
- CENS and CORE Only
- Agency
- Housing
- Referrals to Ancillary Services
- Housing Assistance
- CENS Central Services
- SUD Referrals Provided

Date of Contact * **Time of Contact *** Current Time H M AM/PM

Contact For * CENS SASH CORE **Date CENS Referral Received** T Y

Number of Attempts to Reach Client **Number of Appointments**

Referral Source * Select x v

Please Specify

How did you hear about the CENS/SASH/CORE? Select v

ASAM Provisional Level of Care * 0.5 ASAM [Early Intervention] ASAM 1 [outpatient] 2.1 [Intensive Outpatient] 3.1 [Low-Intensity Res] 3.3 [Pop-Specific High-Intensity Res] 3.5 [High-Intensity Res]

Level of Care Override Reason * 1 Clinical Judgment Disagrees with ASAM 2 Court Mandated - Referred to CENS 3 Patient Preference for other LOC 5 None - Final Disposition Same as ASAM 99 Other

Monthly Activity Report (MAR)



- Select Client and Episode.
- Activities: If there is already a MAR record/"activity" for the day, select from the list and click EDIT SELECTED ITEM. If there is no MAR record/"Activity," for the day, click ADD NEW ITEM.
- Only complete the Summary and Activities sections of the MAR.
- Summary: Date of Report is required.
- Complete all relevant fields.
- Don't forget to indicate the CENS Activities that were completed.

The screenshot shows the 'MONTHLY ACTIVITY REPORT' web application. On the left is a sidebar menu with 'Summary' and 'Activities' (selected). Under 'Activities', there are sub-options for 'Agency and Location' and 'CENS Activities'. The main content area has a dark blue header with a dropdown arrow and 'Submit' and 'Back' buttons. Below the header is a table with columns: 'Activity Date', 'Staff Name', 'Referral Source', 'Please Specify', 'Program/Population', 'Please Specify', and 'Select Age'. Below the table are 'Add New Item' and 'Edit Selected Item' buttons. At the bottom, there are input fields for 'Activity Date' (with a calendar icon and 'T Y' buttons), 'Staff Name' (with a search icon), and 'Referral Source' and 'Please Specify' labels.

Financial Eligibility Form



Complete the 270 before filling in this form.

First Click on the Guarantor Selection Section.
Click Add New Item and scroll down.

Guarantor #: 1 DMC Medi-Cal. Once this is selected, some of the information will be automatically filled in. That information should not be changed.
Note: Okay any pop-up box.

Customize Guarantor Plan: No

Client's Relationship to Subscriber: Self

Subscriber Release of Info: Select the most appropriate response.

You must enter the client's Medi-Cal number for both the Subscriber's Policy # and Subscriber Client Index Number.

(Continued on next page.)

Financial Eligibility Form



Eligibility verified: Yes
Coverage Effective Date: This information is given with the 270 report.
Subscriber Assignment of Benefits: Yes
After completing Medi-Cal information, return to the top of the page and click Add New Item.
Repeat the process for LA County Non-DMC. Note: There is no policy number, CIN#, or 270 information for this Guarantor.
Once completed, scroll to the top of the page to verify that both guarantors have been entered.
(Continued on next page.)

Eligibility Verified * Yes

Coordination Of Benefits Yes No

Coverage Effective Date *

Coverage Expiration Date

Subscriber Assignment Of Benefits * Yes No Refused

Maximum Covered Dollars * **Subscriber's Covered Days ***

▼ Guarantor Information

Guarantor Information *

Guarantor #	Guarantor Name	Guarantor Plan	Customize Guarant...	Guarantor's Adres...
1 DMC Medi-Cal (1)	1 CALIFORNIA DEP...	2	No	1700 K Street
2 LA County - Non ...	2 LA County - Non ...	1	No	

Financial Eligibility Form



Click on the Financial Eligibility Section and scroll down to Guarantor Order.

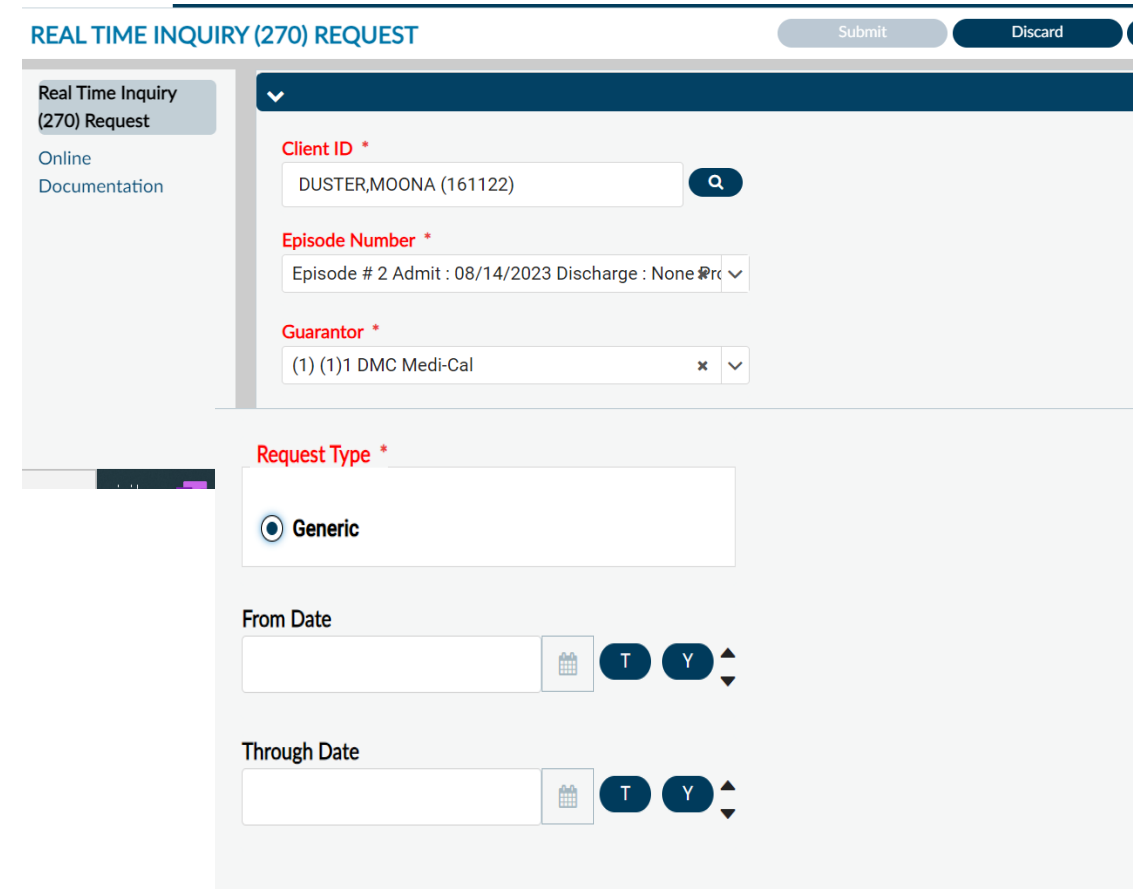
Guarantor #1: California Dept of Alcohol...

Guarantor #2: LA County Non-DMC

Click Submit.

The screenshot shows a web interface for the 'FINANCIAL ELIGIBILITY' section. At the top right, there are three buttons: 'Submit', 'Discard', and 'Add to Favorites'. On the left side, there is a vertical navigation menu with the following items: 'Financial Eligibility' (highlighted), 'Episode', 'Information', 'Guarantor', 'Order', 'Guarantor Selection', 'Guarantor Information', and 'Subscriber'. The main content area is titled 'Guarantor Order' and contains three sections: 'Guarantor #1' with a dropdown menu showing '(1) 1 CALIFORNIA DEPARTMENT OF ALCOHOL AND DRI', 'Guarantor #2' with a dropdown menu showing '(3) 2 LA County - Non DMC', and 'Guarantor #3' which is currently empty.

- Client ID = Sage number
- Guarantor = DMC (CA Dept of Alcohol and Drug)
- From Date = Date of Admission (auto populates)
- Through Date = Today
- Process Request
- Post Inquiry
- View Report/271



The screenshot shows a web form titled "REAL TIME INQUIRY (270) REQUEST". At the top right, there are "Submit" and "Discard" buttons. On the left, a sidebar contains "Real Time Inquiry (270) Request", "Online", and "Documentation". The main form area includes the following fields:

- Client ID ***: A text input field containing "DUSTER,MOONA (161122)" and a search icon.
- Episode Number ***: A dropdown menu showing "Episode # 2 Admit : 08/14/2023 Discharge : None".
- Guarantor ***: A dropdown menu showing "(1) (1)1 DMC Medi-Cal".
- Request Type ***: A radio button selection with "Generic" selected.
- From Date**: A date input field with a calendar icon and "T" and "Y" buttons.
- Through Date**: A date input field with a calendar icon and "T" and "Y" buttons.

Diagnosis Form



Type of Diagnosis:

- Admission = At first admission
- Update = Any time after admission

Click New Row

Diagnosis Search: enter the ICD10 code and search for the diagnostic code that you are using.
For registered/certified SA Counselors, the only codes allowed are Z55-Z65.

Status: Active

You must select the following, even though they are not shown in red.

- **Present on Admission: Yes**
- **Classification: Substance Abuse**

Diagnosing Practitioner: Enter your name

Bill Order: 1

Submit

DIAGNOSIS

Submit

Discard

Add to Favorites

Diagnosis
Additional Diagnosis Information
Online Documentation

Type Of Diagnosis *

Admission Discharge Onset Update

Date Of Diagnosis *

T Y

Time Of Diagnosis *

Current Time H M AM/PM

Select Episode To Default Diagnosis Information From

Select

Select Diagnosis Entry To Default Information From

Select

Show Active Only

Yes No

Diagnoses

Index	Ranking	Description	Status	Estimated Onset Date	Class
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Diagnosis Search *

Other specified problems related to psychoso

Code Crossmapping

ICD-9	ICD-10	DSM-IV	SNOMED
V62.9	Z65.8		
365448001			
DSM-5:			
ICD-10: Other specified problems related to psychosocial			

Status *

Active Working Rule-out Resolved
 Void

Estimated Onset Date

T Y

Present On Admission Indicator

Yes

Resolved Date

T Y

Classification

Substance Abuse

For Primary Sage users only. Secondary Sage users will complete progress notes in the agency's primary electronic health record.

Complete all required fields.

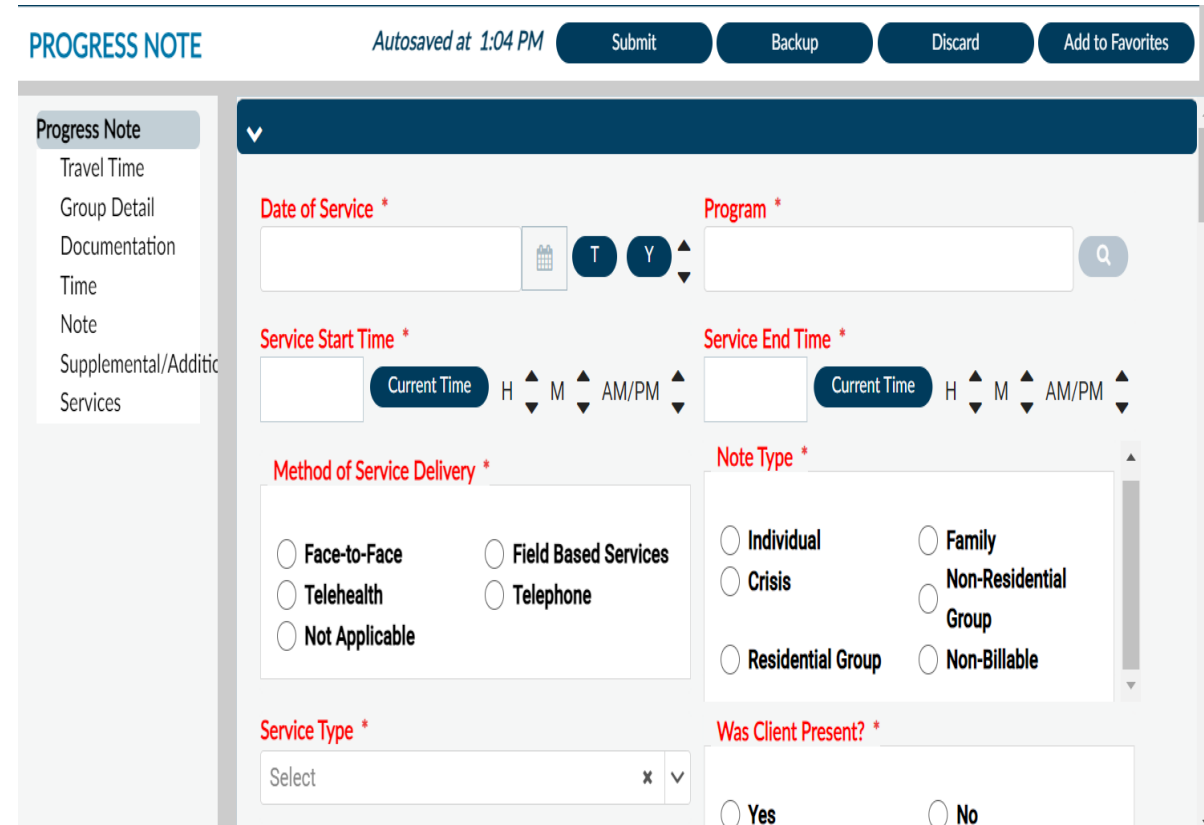
Method of Service Delivery:

- For CENS Area Office select Face-to-Face or Telephone.
- For co-located CENS services, select Field Based Services. Then select the appropriate Location type.

Travel Time: This is a required field but does not apply to CENS. You must enter a start and end time that are the same so that 0 minutes of travel time will be billed.

Note: Question about supplemental services should almost always be answered No. Check with your supervisor for more information.

Form Status: You must finalize all Progress Notes.



PROGRESS NOTE Autosaved at 1:04 PM Submit Backup Discard Add to Favorites

Progress Note

- Travel Time
- Group Detail
- Documentation
- Time
- Note
- Supplemental/Additio
- Services

Date of Service * [Calendar icon] [T] [Y] [Dropdown]

Program * [Search icon]

Service Start Time * [Current Time] [H] [M] [AM/PM]

Service End Time * [Current Time] [H] [M] [AM/PM]

Method of Service Delivery *

Face-to-Face Field Based Services

Telehealth Telephone

Not Applicable

Note Type *

Individual Family

Crisis Non-Residential Group

Residential Group Non-Billable

Service Type * [Select] [x] [v]

Was Client Present? *

Yes No