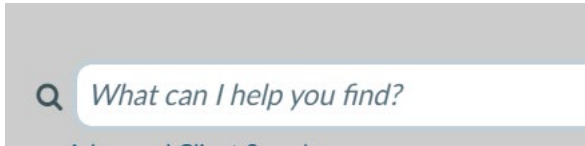# CENS DOCUMENTATION HELPER

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.

Client Documentation Flow

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
Doe	Jane	Female x ∨

Social Security Number	Date of Birth

Assigned ID	Alias	Alias (Additional Text)	Alias (Additional Text)

[Search]   [Clear]

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

[New Client]   [Cancel]

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.

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.

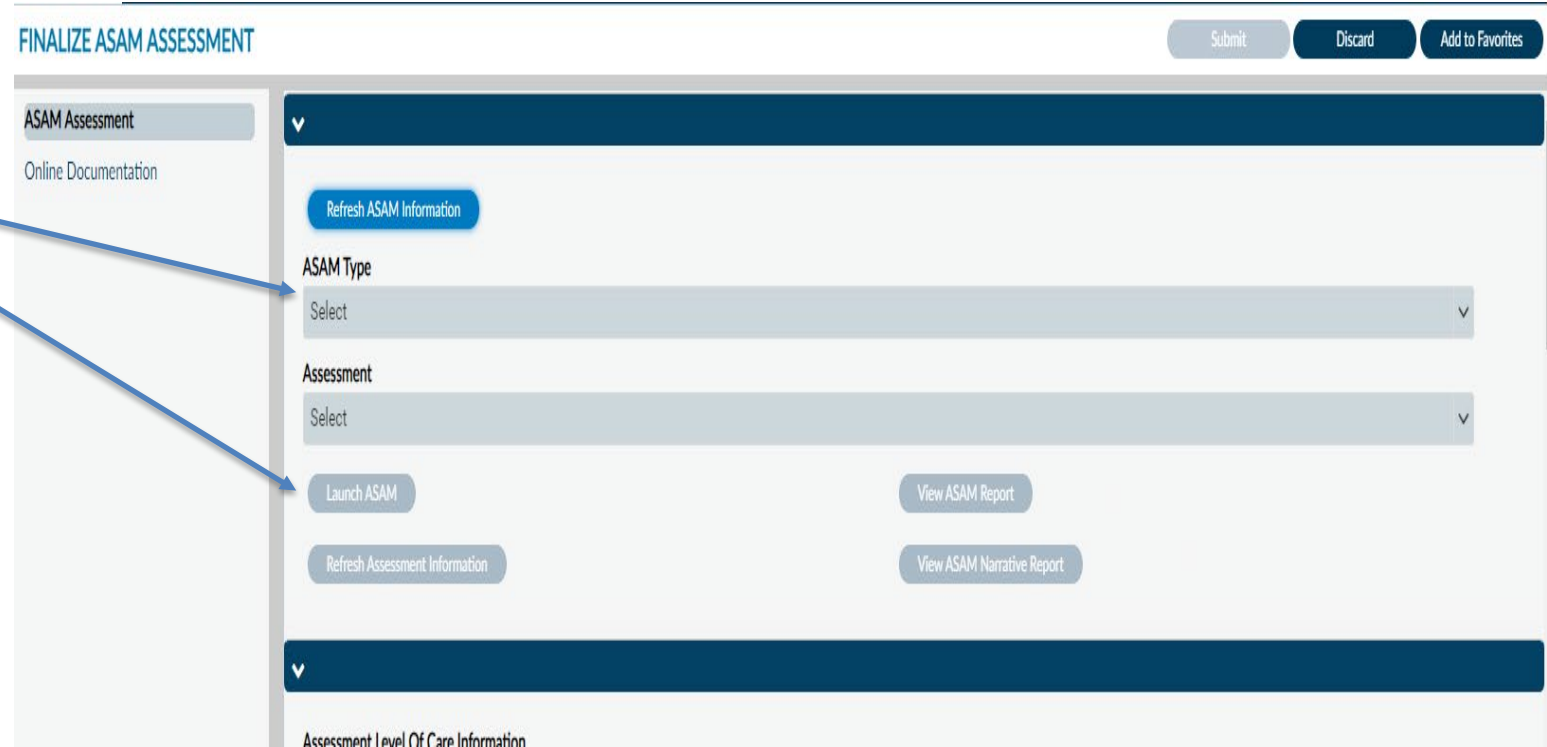| |
|---|
| Open "FINALIZE ASAM ASSESSMENT" form and click "Refresh ASAM Information" |
| ASAM Type: CONTINUUM Triage Assessment: Create New

 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

8

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.

<u>**REQUIRED FINAL STEP FOR SERVICE CONNECTIONS LOG:**</u>
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.

<u>**NOTE:**</u> **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 Serivices
SUD Referrals Provided

Date of Contact *   Time of Contact *
[   ] T Y   [   ] Current Time H M AM/PM

Contact For *   Date CENS Referral Received
○ CENS   ○ SASH   ○ CORE   [   ] T Y

Number of Attempts to Reach Client   Number of Appointments
[   ]   [   ]

Referral Source *
[Select   x ∨]

Please Specify
[   ]

How did you hear about the CENS/SASH/CORE?
[Select   ∨]

ASAM Provisional Level of Care *   Level of Care Override Reason *
○ 0.5 ASAM [Early Intervention]   ○ 1 Clinical Judgment Disagrees with ASAM
○ ASAM 1 [outpatient]   ○ 2 Court Mandated - Referred to CENS
○ 2.1 [Intensive Outpatient]   ○ 3 Patient Preference for other LOC
○ 3.1 [Low-Intensity Res]   ○ 5 None - Final Disposition Same as ASAM
○ 3.3 [Pop-Specific High-Intensity Res] ○ 99 Other
○ 3.5 [High-Intensity Res]

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.

MONTHLY ACTIVITY REPORT

Submit   Bac

- Summary
- **Activities**
    - Agency and Location
    - CENS Activities
- Staff Hours
    - Agency and Location

Activities *

Activity Date	Staff Name	Referral Source	Please Specify	Program/Population	Please Specify	Select Age

Add New Item   Edit Selected Item   De

Activity Date *

[ ] 🗓 T Y

Staff Name

[   ] 🔍

Referral Source

Please Specify

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 *
9999999.99

Subscriber's Covered Days *
9999

▼ Guarantor Information

Guarantor Information *

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

Add New Item   Edit Selected Item   Delete Selected Item

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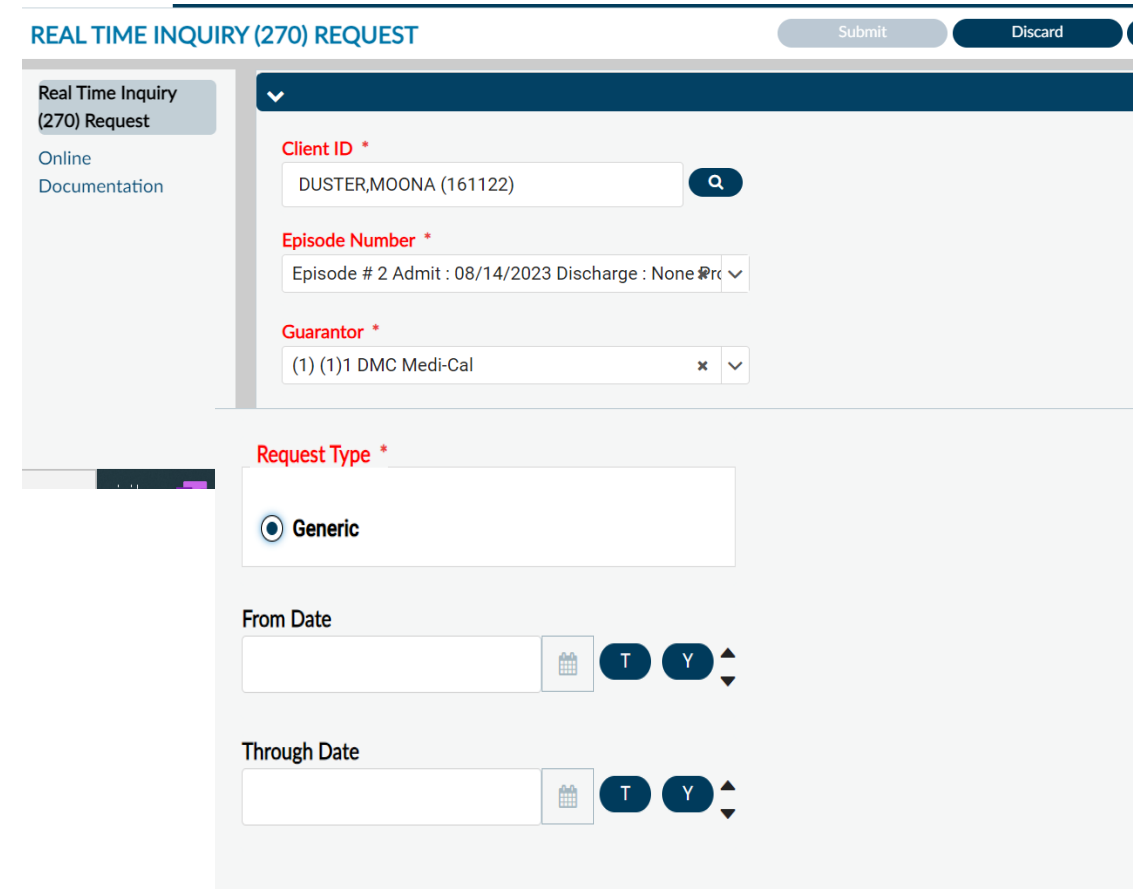
- Client ID = Sage number
- Guarantor = DMC (CA Dept of Alcohol and Drug)
- From Date = Date of Admission (auto populates)
- Through Date = Today
- Process Request
- Post Inquiry
- View Report/271

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

Progress Note

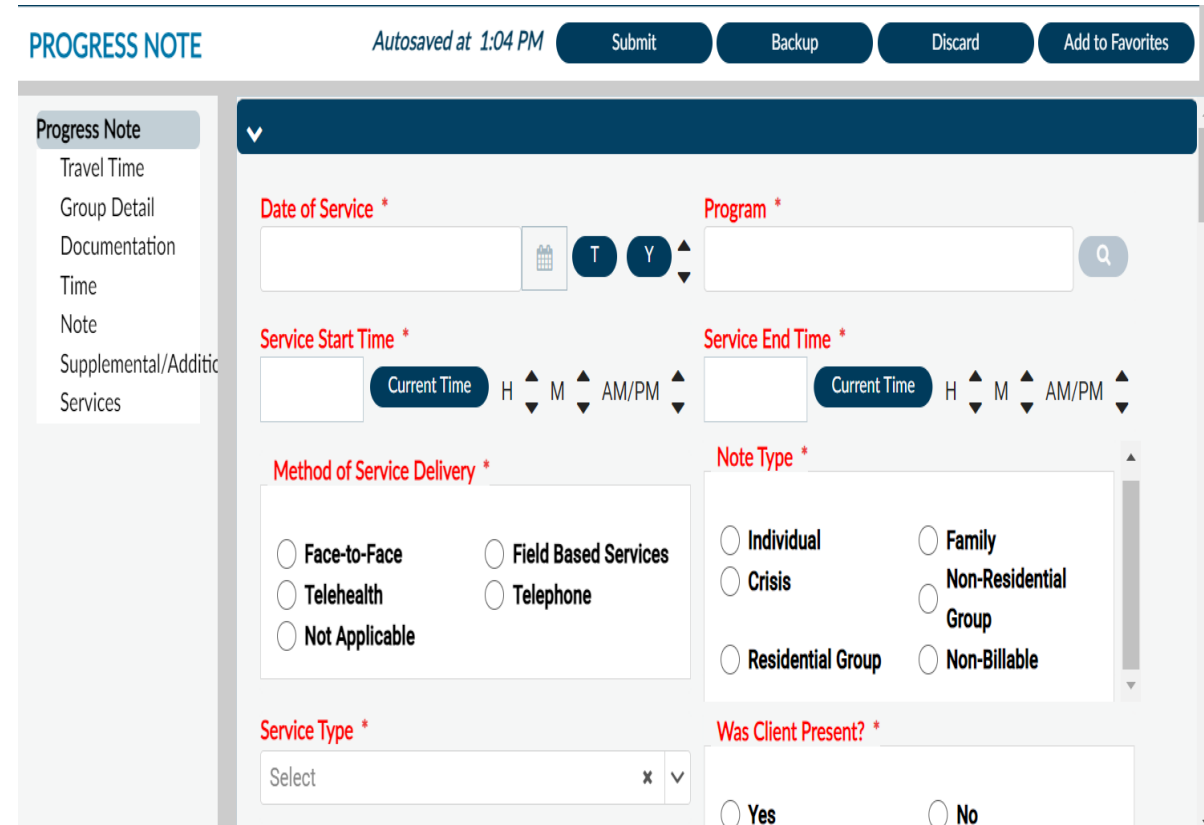| |
|---|
| **For Primary Sage users only.** Secondary Sage users will complete progress notes in the agency's primary electronic health record. |
| Complete all required fields. |
| Method of Service Delivery:
• For CENS Area Office select Face-to-Face or Telephone.
• For co-located CENS services, select 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. |