



The Atlantis Health Information System **(ATLANTIS)**

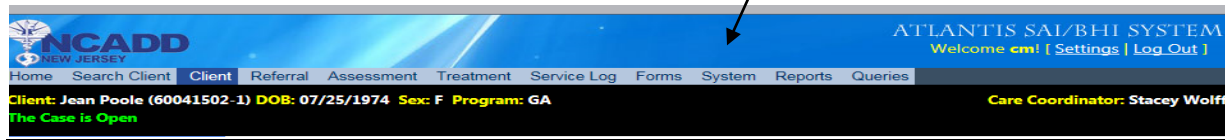
(Updated April 2016)

TABLE OF CONTENTS

HOME.....	4
SEARCH CLIENT.....	4
CLIENT.....	6
Profile.....	6
Moving Between Multiple Episodes Of Care.....	7
Entering Children Information For An Existing Client.....	8
Entering An Address For A Homeless Client.....	10
Setting A Client's Current Address.....	10
Identification Of Flagged Clients.....	10
Client Information Summary.....	11
REFERRAL.....	14
Modifying Referrals.....	15
Referral Entry For Clients Without An Active Medicaid Number.....	19
Case Closure.....	19
Case Closure Edit.....	21
Caseworker Referral Response Form.....	21
Referral Response Letter.....	25
ASSESSMENT.....	27
Scheduling A Follow-Up Appointment.....	27
How To Disposition Or Modify An Assessment Or Follow-Up Appointment.....	27
Addiction Severity Index.....	28
Immediate Need Profile.....	29
Care Coordination Plan.....	30
ASAM/PPL.....	31
New ASAM Admission Assessment Summary.....	31
To View Previous Assessment Summaries (From SAIClops).....	32
Client Reassessment.....	33
Continued Stay With Provider.....	34
Transfer To New Provider.....	36
Creating A "Draft" ASAM Note.....	38
ICD-10-CM.....	39
Editing ICD-10-CM Codes.....	41
ASAM Psychiatric Evaluation/Medication Monitoring.....	42
Additional ASAM Features.....	43
PPLs And Preapprovals.....	44
View A PPL Or Create A New PPL After The Client Has Been Referred.....	44
Update A PPL After The Client Has Been Admitted To A Level Of Care.....	46
Update A PPL After Discharge From Level Of Care Or Provider.....	48
Preapprovals.....	48
Important CSR Reminders.....	51
Important Preapproval Reminders.....	51
Manually Adjusting Preapprovals.....	53
Adjusting Preapprovals For An Early CSR.....	54
Extending Preapprovals.....	55
Printing An ASAM Note With Preapprovals.....	59
Attendance And Urine Drug Screens (PA Unit).....	60

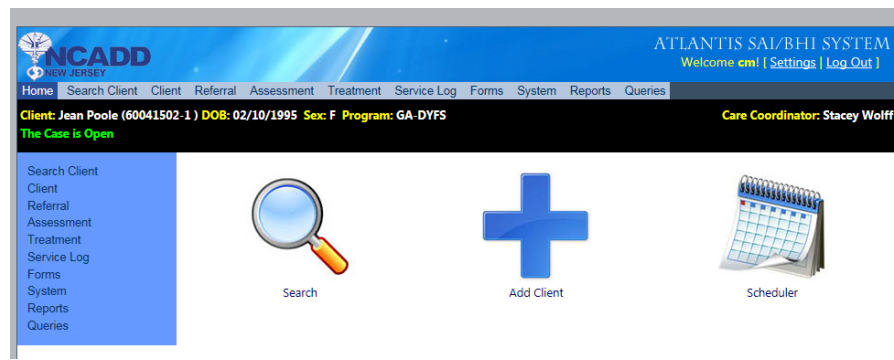
Entering UDS Results From The Attendance Screen.....	63
SAICLOPS Case Management Plan Updates.....	64
TREATMENT AND TREATMENT REFERRAL.....	65
Assessment EE/OEE Module.....	65
DCP&P Update.....	66
UDS View.....	67
How To View UDS Results From A Previous EOC.....	68
Treatment Provider Referral Packet.....	69
SERVICE LOG.....	71
To Create A General Service Log Entry.....	71
To Create A "Client Support" Service Log.....	72
How To Enter A "CSR Attempt" In The Service Log.....	73
"Work Activity Monitoring" Service Log	74
"Follow-Up" Service Log.....	74
"Post Closure" Note Service Log.....	74
FORMS.....	74
Client Releases (Multi-Agency, General And Health Releases).....	75
Completing Client Releases And Agreements.....	76
SAICLOps Releases View Module.....	81
At-Risk OMT Agreement.....	82
EE Agreement.....	82
Refusal Of Treatment.....	83
Treatment Agreement.....	83
HIPAA Acknowledgment.....	84
Treatment Service Form.....	85
Client Letters.....	85
SYSTEM.....	87
CC Calendar.....	87
Editing Case Worker Information.....	88
REPORTS.....	89
QUERIES.....	90
Task Calendar.....	90
Printing A Report Or Query.....	92
ATLANTIS TOOLS.....	94
How To Change Your Atlantis Password.....	94

Atlantis has 11 primary heading sections once you access a client's electronic record (**Home**, **Search Client**, **Client**, **Referral**, **Assessment**, **Treatment**, **Service Log**, **Forms**, **System**, **Reports**, **Queries**), each of the 11 sections have additional data entry screens related to their section heading. Each of the primary sections will be outlined below.



I. HOME

This is the homepage where you will begin your search for a client and gain access to the reporting system.

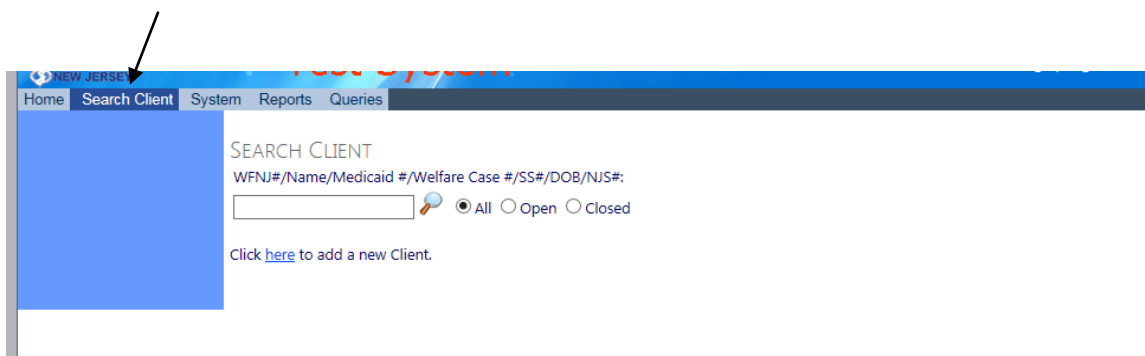


II. SEARCH CLIENT

This section describes how to search for a client in the Atlantis system.

Log into the Atlantis System to display the home page and Search Client, see below.

Select "**Search Client**" on the top toolbar:



There are numerous options for locating an existing client. The complete list of available search criteria is as follows:

- ☐ WFNJ SAI/BHI Client ID #
- ☐ Last Name
- ☐ First Name
- ☐ Full Name
- ☐ NJ FamilyCare#
- ☐ Welfare Case #
- ☐ SS#
- ☐ Date of Birth
- ☐ NJS#

Additionally, searches can be done for clients with Open, Closed, or both Open and Closed (All) cases. Select the small magnifying glass icon to begin the desired case search. A list of all clients within the specified search criteria will be displayed.

If the search for a client yields no results a message will display stating “No record(s) found,” which indicates that this is the client’s initial referral to the WFNJ SAI/BHI. This will prompt an ACC or SC to create a new EOC.

The screenshot shows the NCADD NEW JERSEY 'SEARCH CLIENT' interface. The search criteria field contains 'lohan' and the status is set to 'All'. A message box displays 'No Record(s) found.' with a link to 'Click here to add a new Client.' An arrow points from the text 'No record(s) found,' in the preceding paragraph to this message box.

Note! On the top tool bar, you will see this note, “**The Case is Closed**” in **red font** when a client’s case is closed.

Once you have identified your client, you will select the **blue highlighted WFNJ#**, and you will be directed into the client’s record.

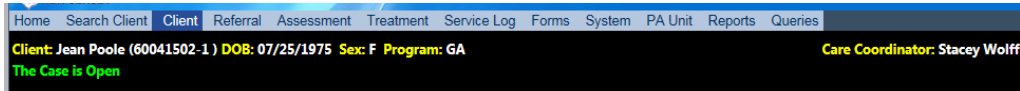
The screenshot shows the NCADD NEW JERSEY 'SEARCH CLIENT' interface with search results for 'poole jean'. The first row is highlighted in blue. An arrow points from the text 'blue highlighted WFNJ#' in the preceding paragraph to the WFNJ # '60041502' in the first row.

WFNJ #	DOB	Sex	First Name	Last Name	SS#	Open In
60041502	7/25/1974	F	Jean	Poole	222332222	New Window

EOC No	Referral Date	Closure Date	Status
1	01/04/2013		Open

III. CLIENT

Under the "Client" module heading you will find all relevant information regarding the client in five sections, Profile, Address, Children, Collateral Contact, New EOC (New EOC is only to be used by ACCs/SCs). You will see the following information on the Client Information bar for each client:

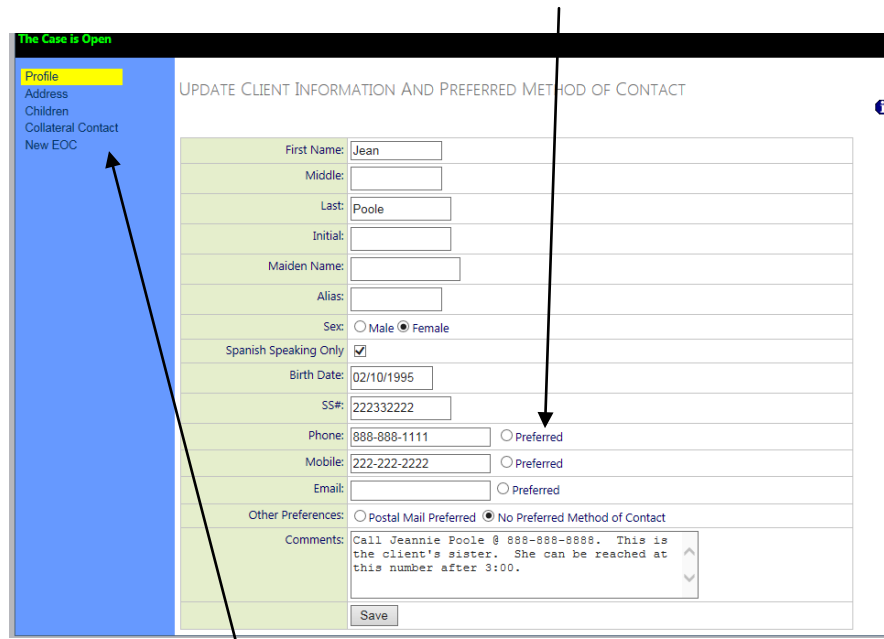


Home Search Client Client Referral Assessment Treatment Service Log Forms System PA Unit Reports Queries
Client: Jean Poole (60041502-1) DOB: 07/25/1975 Sex: F Program: GA Care Coordinator: Stacey Wolff
The Case is Open

- ✓ Client Name
- ✓ WFNJ # followed by the EOC#
- ✓ Client's Date of Birth
- ✓ Client's Gender
- ✓ Client's Program Status
- ✓ Whether the case is open or closed
- ✓ The Managing Care Coordinator

Profile

This section shows basic client information but most importantly lists the client's preferred method of contact. You will select the radio button for how the client wishes to be contacted with any additional notes to ensure privacy when outreaching the client.



The Case is Open

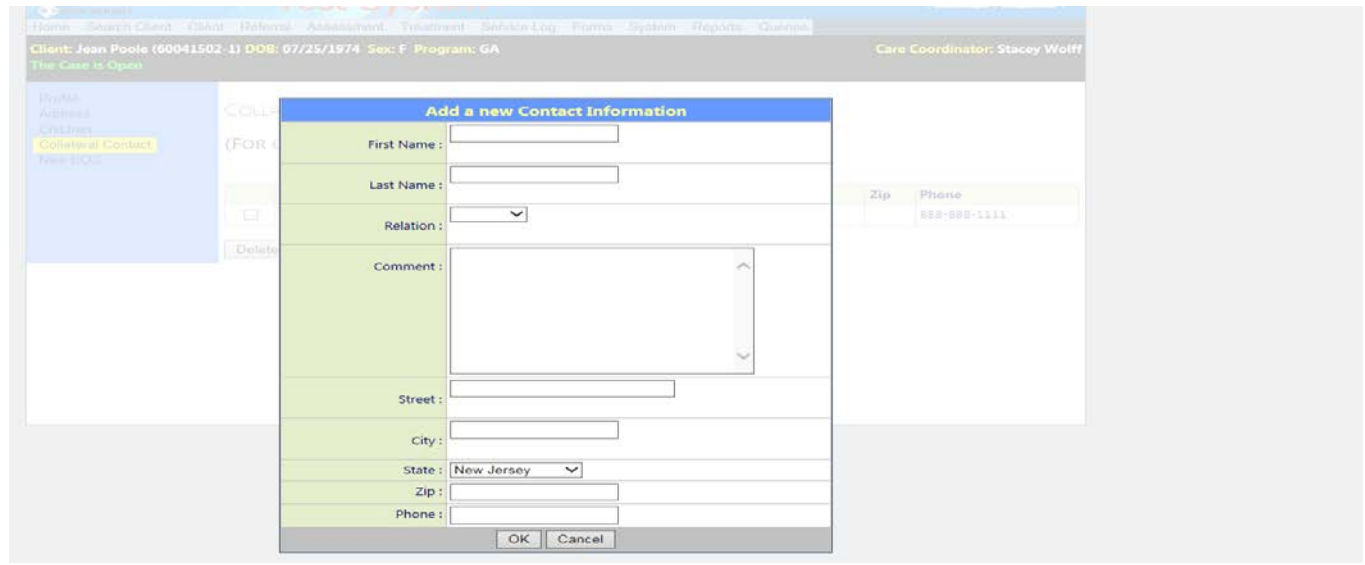
Profile
Address
Children
Collateral Contact
New EOC

UPDATE CLIENT INFORMATION AND PREFERRED METHOD OF CONTACT

First Name: Jean
Middle:
Last: Poole
Initial:
Maiden Name:
Alias:
Sex: ☐ Male ☒ Female
Spanish Speaking Only: ☒
Birth Date: 02/10/1995
SS#: 222332222
Phone: 888-888-1111 ☐ Preferred
Mobile: 222-222-2222 ☐ Preferred
Email: ☐ Preferred
Other Preferences: ☐ Postal Mail Preferred ☒ No Preferred Method of Contact
Comments: Call Jeannie Poole @ 888-888-8888. This is the client's sister. She can be reached at this number after 3:00.
Save

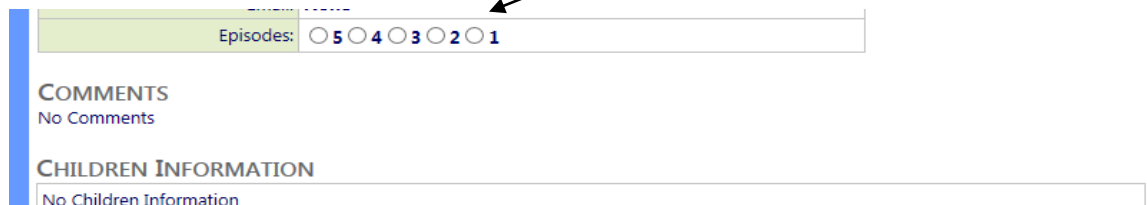
The “preferred method of contact” may differ from the “collateral contact.” The collateral contact is a person who is designated by the client to receive mail, phone calls, emergency information, etc. **The CC must obtain signed consent by the client to disclose specific information to that person.** The collateral contact does not have to be the preferred method of contact.

Enter all information for the collateral contact:



Moving Between Multiple Episodes Of Care For The Same Client

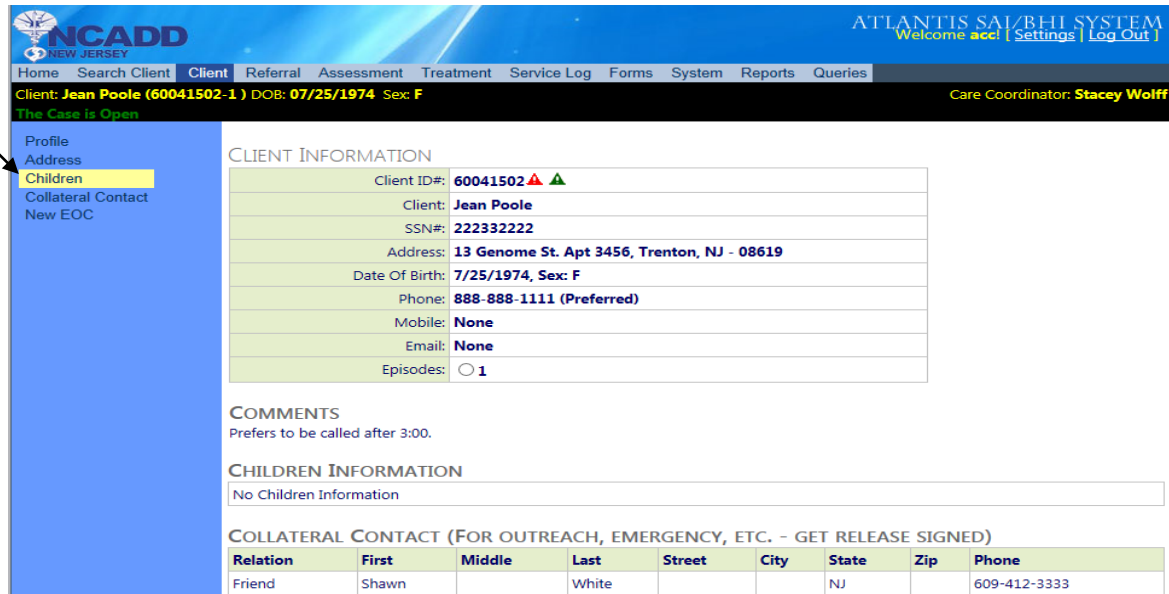
On the "Client Information" page, you will also see radio buttons for every EOC for this client. Click on the WFNJ # to open the client's latest EOC.



Move between each episode by clicking on one of the radio buttons. You will know which episode of care you are in by looking at the WFNJ EOC# located on the Client Information bar located at the top of the screen. (Note! When searching for a client, if you scroll over the WFNJ #, a popup appears which shows every EOC for a client but you will not be permitted to select from this list the EOC you are seeking).

Entering Children Information For An Existing Client (And A New Client)

While in the “Client Information” section of the Atlantis system, select the “Children” menu option to begin entering the child's information for this client.



NCADD NEW JERSEY ATLANTIS SAI/BHI SYSTEM
Welcome acc! Settings Log Out

Home Search Client Client Referral Assessment Treatment Service Log Forms System Reports Queries

Client: **Jean Poole (60041502-1)** DOB: **07/25/1974** Sex: **F** Care Coordinator: **Stacey Wolff**
The Case is Open

Profile
Address
Children
Collateral Contact
New EOC

CLIENT INFORMATION

Client ID#:	60041502 ▲▲
Client:	Jean Poole
SSN#:	222332222
Address:	13 Genome St. Apt 3456, Trenton, NJ - 08619
Date Of Birth:	7/25/1974, Sex: F
Phone:	888-888-1111 (Preferred)
Mobile:	None
Email:	None
Episodes:	<input type="radio"/> 1

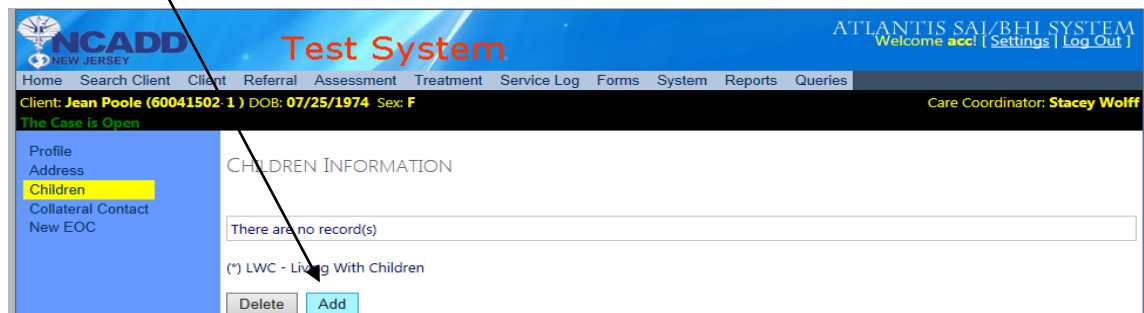
COMMENTS
Prefers to be called after 3:00.

CHILDREN INFORMATION
No Children Information

COLLATERAL CONTACT (FOR OUTREACH, EMERGENCY, ETC. - GET RELEASE SIGNED)

Relation	First	Middle	Last	Street	City	State	Zip	Phone
Friend	Shawn		White			NJ		609-412-3333

Choose “Add”



NCADD NEW JERSEY Test System ATLANTIS SAI/BHI SYSTEM
Welcome acc! Settings Log Out

Home Search Client Client Referral Assessment Treatment Service Log Forms System Reports Queries

Client: **Jean Poole (60041502-1)** DOB: **07/25/1974** Sex: **F** Care Coordinator: **Stacey Wolff**
The Case is Open

Profile
Address
Children
Collateral Contact
New EOC

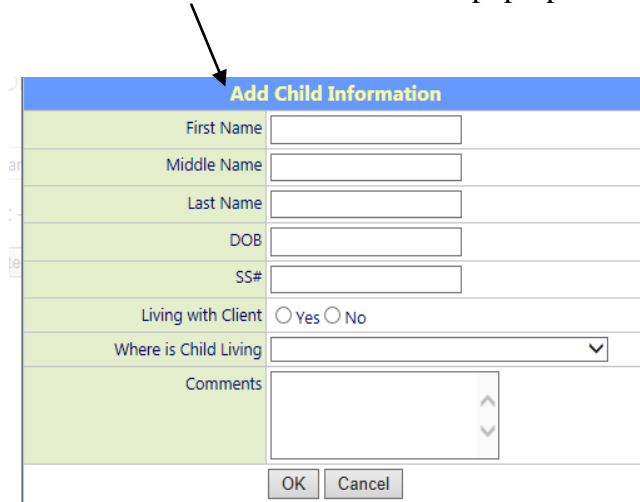
CHILDREN INFORMATION

There are no record(s)

(*) LWC - Living With Children

Delete Add

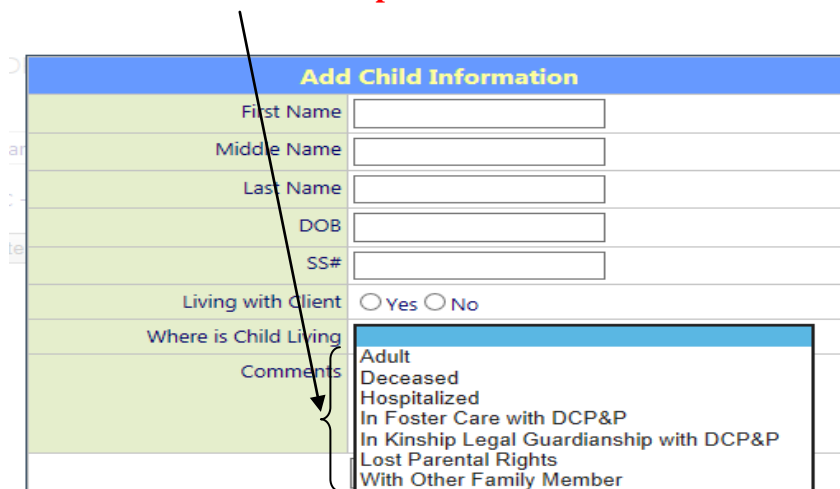
Enter the child's information in this pop-up box.



Add Child Information

First Name	<input type="text"/>
Middle Name	<input type="text"/>
Last Name	<input type="text"/>
DOB	<input type="text"/>
SS#	<input type="text"/>
Living with Client	<input type="radio"/> Yes <input type="radio"/> No
Where is Child Living	<input type="text" value="▼"/>
Comments	<div><div></div><div>^</div><div>v</div></div>
<input type="button" value="OK"/> <input type="button" value="Cancel"/>	

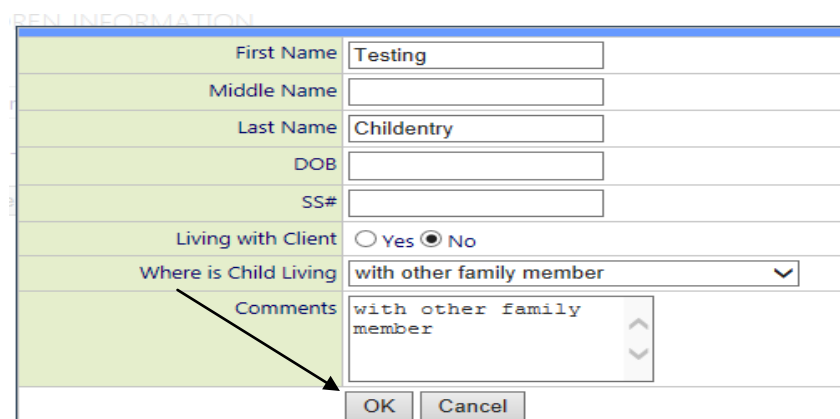
Important Note! If the child is not living with the client it is MANDATORY to select one of the selections from this drop-down to indicate where the child is residing.



Add Child Information

First Name	<input type="text"/>
Middle Name	<input type="text"/>
Last Name	<input type="text"/>
DOB	<input type="text"/>
SS#	<input type="text"/>
Living with Client	<input type="radio"/> Yes <input type="radio"/> No
Where is Child Living	<div> Adult Deceased Hospitalized In Foster Care with DCP&P In Kinship Legal Guardianship with DCP&P Lost Parental Rights With Other Family Member </div>
Comments	<div><div></div><div>^</div><div>v</div></div>

Select "OK" when you are ready to add the child's information to the client's record.



Add Child Information

First Name	Testing
Middle Name	
Last Name	Childentry
DOB	
SS#	
Living with Client	<input type="radio"/> Yes <input checked="" type="radio"/> No
Where is Child Living	with other family member ▼
Comments	with other family member member
<input type="button" value="OK"/> <input type="button" value="Cancel"/>	

Entering An Address For A Homeless Client

(Important Note! The "Homeless" checkbox in the "Add New Client" screen is to be used by the ACCs/SCs to prevent ITC letters from being sent. This differs from the "Homeless" box on the ASAM Note and is used for a different reporting purpose.) In the "Add New Client" screen, the "Homeless" checkbox is ONLY used when a client has NO mailing address at all. The ASAM "Homeless" box is selected when a client has no stable housing (e.g., using EA, motel, shelter, staying with friends, etc.) but HAS a mailing address.

Home Search Client System Reports Queries

ADD NEW CLIENT

Address

Steps: 1 2 3 4 5 6

☒ Homeless

Apartment:

Street:

City:

State: New Jersey

Zip:

County: Atlantic

Municipality: Hamilton Twp.

Previous Next

If a client has no mailing address at the time of referral the ACC **must** select the **"Homeless"** checkbox.

'Setting' A Client's Current Address

It is important that a client's current address is "Set" so that the client contact information is current in the system and any auto-generated letters will be mailed to the correct address. You can "Set" the current address by selecting the "Set" option on the "Present and Past Addresses" screen. These menu options are the options to select if it is necessary to edit any existing client information.

Profile Address Children Collateral Contact New EOC

PRESENT AND PAST ADDRESSES

	ID	Street	City	State	Zip	Homeless	Municipality	County	Current
<input type="checkbox"/>	1	13 Genome St.	Trenton	NJ	08619	<input type="checkbox"/>	Trenton City	Mercer	Set
<input type="checkbox"/>	2	123 Any Street	Anytown	NJ	08088	<input type="checkbox"/>	Lower Twp.	Cape May	Set

Delete Add

Identification Of Flagged Clients

Re-referred clients may have a designation as being "flagged" in the database. A flag is an indicator of alert to the ACC/SC and CC. There are **Four** different colored triangle flags: **Blue**, **Red**, **Green**, and **Yellow**.

NCADD NEW JERSEY **Test System** ATLANTIS SAI/BHI SYSTEM
 Welcome **swolff** | [Settings](#) | [Log Out](#)




Home Search Client Client Referral Assessment Service Log Forms System PA Unit Reports Queries

Client: **Jean Poole (60041502-1)** DOB: **07/25/1974** Sex: **F** Care Coordinator: **Stacey Wolff**

The Case is Open

Profile
 Address
 Children
 Emergency Contact
 New EOC





CLIENT INFORMATION





Client ID#:	60041502   
Client:	Jean Poole Spanish Speaking Only
SSN#:	222332222
Address:	Homeless
Date Of Birth:	7/25/1974, Sex: F
Phone:	888-888-8888 (Preferred)
Mobile:	None
Email:	None
Episodes:	<input type="radio"/> 1

COMMENTS
 Prefers to be called after 3:00.

CHILDREN INFORMATION

First	Middle	Last	SS#	Date of Birth	With Client?	Comments
-------	--------	------	-----	---------------	--------------	----------

 Recession Affected,  Prior DCP&P Involvement,  High Risk Client,  High Risk Methadone Client

-  IF THE CLIENT IS A **RED FLAGGED CLIENT**, THE ACC MUST NOTIFY A SUPERVISOR BEFORE ENTERING THE REFERRAL IF IT WAS INDICATED THAT THE CLIENT MAY POSE A DANGER! The client may be considered dangerous and should not be entered as a new Episode of Care without supervisory approval.
-  A **Yellow flag** indicates that a client has had prior DCP&P involvement.
-  A **Green flag** indicates that a client is considered “high risk methadone” and is not permitted to be placed back on methadone maintenance. (See Methadone Policy)
-  A **Blue Flag** indicates that a client is receiving GA or TANF due to being Recession Affected.

(See Recession Affected Policy)

Important Note! The “High Risk” and “High Risk Methadone” boxes in the Client Referral screen can be checked off at any time during an open Episode of Care by any staff person. To access either of these two boxes once a referral has been saved, select “Modify Referral” from the side menu. These selections are located on the first page of the client’s referral screen. Once either is checked, it will be mandatory to enter a comment in the appropriate comment box in order to save your changes to the referral. You will save these changes by selecting “Finish” on the last “Other Information” page of the referral. High Risk comments are viewable on the client’s Referral Information page.

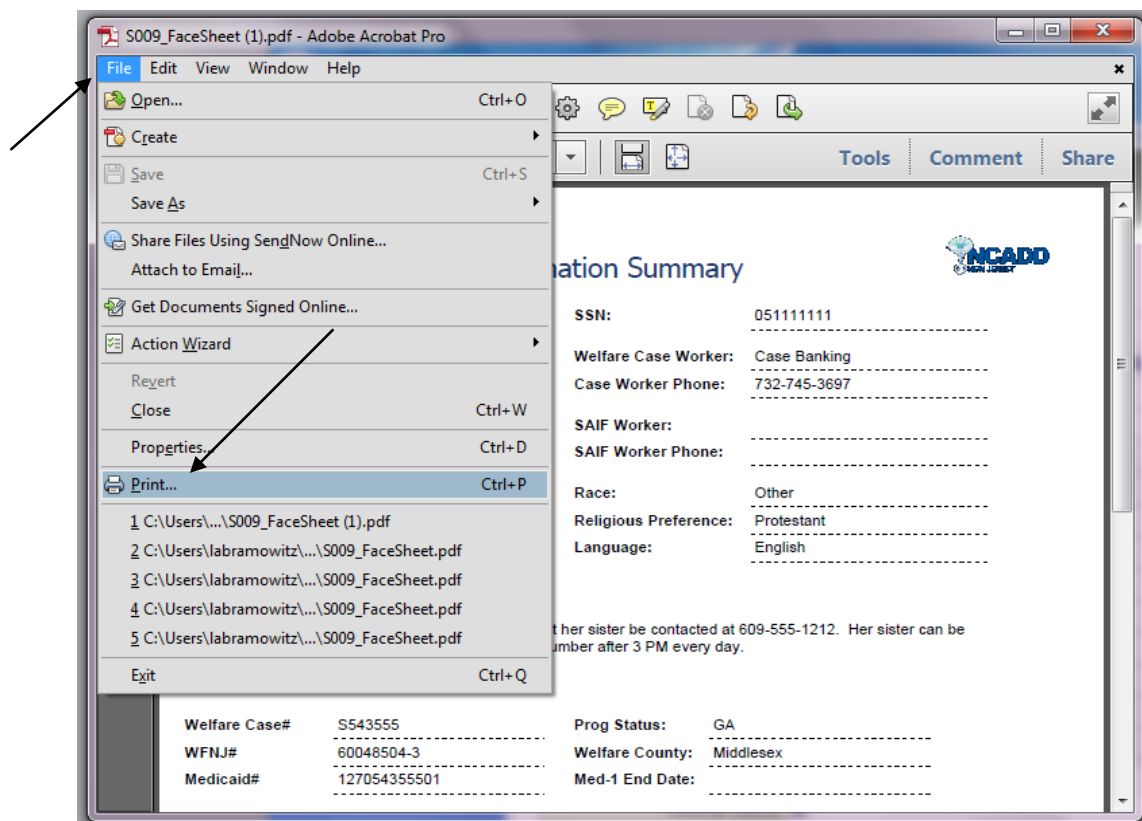
Client Information Summary

The *Client Information Summary* provides one page with all relevant client information necessary for referral to treatment and coordination of care. The data generated on this document is pulled through from the “Referral Information” and “Profile” sections.

To print a Client Information Summary:


- ✓ From the client’s “Referral” page, select the [\[print\]](#) link.
- ✓ Select “File” and then “Print” from the list of options.

New Referral Modify Referral Case Indicators Case Closure Delete Episode CWRRF Referral Response Letter	REFERRAL INFORMATION		[Print]
	Client's Current Address:	51 Remsen Ave Apt , New Brunswick 08901	
	County:	Middlesex	
	Referral Entry Date:	08/13/2014	
	Referral Source:	BSS	
	Referral Service:	BHI	
	Program Status:	GA	
	Welfare Case#:	S543555	
	Welfare CW:	Case Banking	
	SAIF CW:		
	EA Case Worker:		



The client's "Preferred Method of Contact" information will print on this document. The client's personal preferred method of contact is indicated by the radio button selected, cell phone, email, or postal mail.

Client Information Summary



Last Name	Client	SSN:	051111111
First Name	Test	Welfare Case Worker:	Case Banking
Sex	F	Case Worker Phone:	732-745-3697
Date Of Birth	01/22/1993 (21)	SAIF Worker:	
City	New Brunswick	SAIF Worker Phone:	
Street	51 Remsen Ave	Race:	Other
Apartment		Religious Preference:	Protestant
State:	NJ	Language:	English
Zip:	08901		

Preferred Method of Contact: 732-801-5458
Phone is client's friend Myra. OK to leave VM.

Welfare Case#	S543555	Prog Status:	GA
WFNJ#	60048504-3	Welfare County:	Middlesex
Medicaid#	127054355501	Med-1 End Date:	

8.50 x 11.00 in

Profile

Address
Children
Collateral Contact
New EOC

UPDATE CLIENT INFORMATION AND PREFERRED METHOD OF CONTACT

Saved.

First Name:	Test
Middle:	
Last:	Client
Initial:	
Maiden Name:	
Alias:	
Sex:	<input type="radio"/> Male <input checked="" type="radio"/> Female
Spanish Speaking Only	<input type="checkbox"/>
Birth Date:	01/22/1993
SS#:	051111111
Phone:	<input type="text"/> <input type="radio"/> Preferred
Mobile:	732-801-5458 <input checked="" type="radio"/> Preferred
Email:	<input type="text"/> <input type="radio"/> Preferred
Other Preferences:	<input type="radio"/> Postal Mail Preferred <input type="radio"/> No Preferred Method of Contact
Comments:	Phone is client's friend Myra. OK to leave VM.

Save

If the client does not have a preferred method of contact (no phone, no mailing address, etc.), select the “No Preferred Method of Contact” radio button and enter detailed comments in the “Comments” section to explain how the client is to be contacted for outreach purposes.

Important Note! All comments that are entered in the “Comments” section will print on the “Client Information Summary” document.

Profile

Address

Children

Collateral Contact

New EOC

UPDATE CLIENT INFORMATION AND PREFERRED METHOD OF CONTACT

Saved.

First Name:	Test
Middle:	
Last:	Client
Initial:	
Maiden Name:	
Alias:	
Sex:	<input type="radio"/> Male <input checked="" type="radio"/> Female
Spanish Speaking Only	<input type="checkbox"/>
Birth Date:	01/22/1993
SS#:	051111111
Phone:	<input type="text"/> <input type="radio"/> Preferred
Mobile:	732-801-5458 <input type="radio"/> Preferred
Email:	<input type="text"/> <input checked="" type="radio"/> Preferred
Other Preferences:	<input type="radio"/> Postal Mail Preferred <input checked="" type="radio"/> No Preferred Method of Contact
Comments:	Client prefers that her sister be contacted at 609-555-1212. Her sister can be reached at this number after 3 PM every day.
<input type="button" value="Save"/>	

Client Information Summary

Last Name: Client

First Name: Test

Sex: F

Date Of Birth: 01/22/1993 (21)

City: New Brunswick

Street: 51 Remsen Ave

Apartment:

State: NJ

Zip: 08901

SSN: 051111111

Welfare Case Worker: Case Banking

Case Worker Phone: 732-745-3697

SAIF Worker:

SAIF Worker Phone:

Race: Other

Religious Preference: Protestant

Language: English

Preferred Method of Contact:

Client prefers that her sister be contacted at 609-555-1212. Her sister can be reached at this number after 3 PM every day.

Welfare Case#: S543555

WFNJ#: 60048504-3

Medicaid#: 127054355501

Prog Status: GA

Welfare County: Middlesex

Med-1 End Date:

IV. REFERRAL

The Referral module has six sections, New Referral (ACC/SCs use to enter a new referral), Modify Referral (where anyone can modify any of the referral client information), Case Closure (used when closing an Episode of Care), Case Closure Edit, CWRRF, and the RRL.

Modifying Referrals

The example that follows demonstrates how to update a DCP&P Case Worker in an existing Referral. To modify a Referral select “Modify Referral:”

REFERRAL INFORMATION

[Referral](#) | [GA Information](#) | [TANF Information](#) | [DCP&P Information](#) | [Unisys Information](#) | [Other Information](#)

Client's Current Address: 2099 Anyville Place Apt 456 Anytown 08088 [New Address](#)

County: Gloucester Referral Entry Date: 1/4/2013

Referral Source: BSS SAIF? ☐

Referral Service: SAI ICM? ☐

Program Status: GA Pregnant at the time of referral? Yes ☐ No ☒

Welfare Case#: c121212

Welfare CW: Austin Nadirah - Ph:609-989-4481, Fax:609-989-4395 +

SAIF CW: (None) +

EA Case Worker: (None) +

of Sanctions at the time of referral: 0 Current Sanction Status: No

High Risk Client: ☐ High Risk Methadone: ☒

Referral Status: ☐ Mandatory ☒ Non-Mandatory (Voluntary)

[Save Draft](#) [Next](#)

In order to access the “DCP&P Information” page, the client's “Program Status” should be GA or TANF with DCP&P or DCP&P Reported.

REFERRAL INFORMATION

[Referral](#) | [GA Information](#) | [TANF Information](#) | [DCP&P Information](#) | [Unisys Information](#) | [Other Information](#)

Client's Current Address: 2099 Anyville Place Apt 456 Anytown 08088 [New Address](#)

County: Gloucester Referral Entry Date: 1/4/2013

Referral Source: TANF SAIF? ☐

Referral Service: GA ICM? ☐

Program Status: TANF-DYFS Pregnant at the time of referral? Yes ☐ No ☒

Welfare Case#: c121212

Welfare CW: Austin Nadirah - Ph:609-989-4481, Fax:609-989-4395 +

SAIF CW: (None) +

EA Case Worker: (None) +

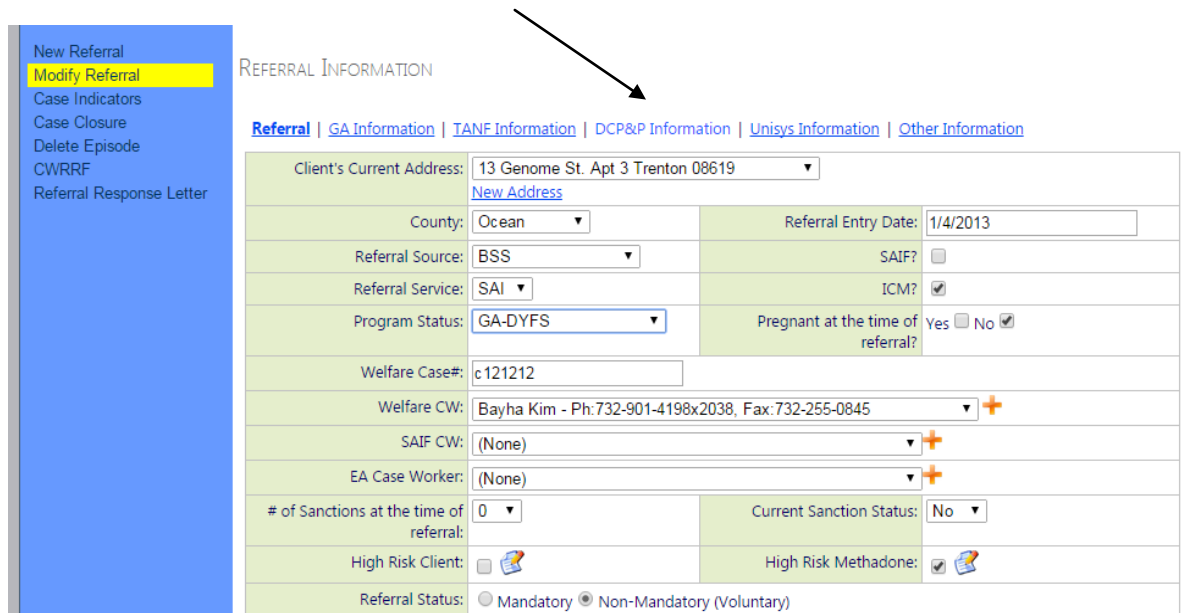
of Sanctions at the time of referral: 0 Current Sanction Status: No

High Risk Client: ☐ High Risk Methadone: ☒

Referral Status: ☐ Mandatory ☒ Non-Mandatory (Voluntary)

[Save Draft](#)

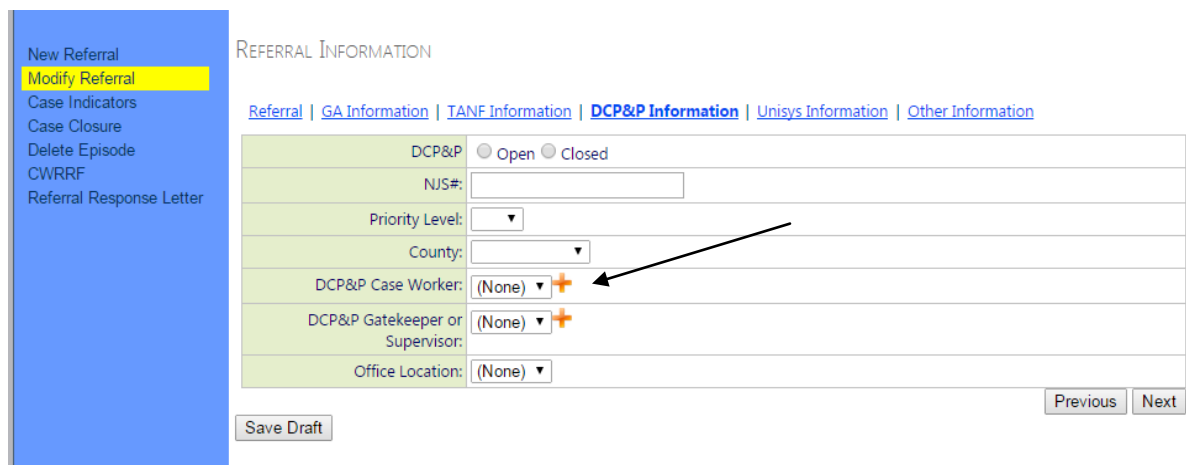
Select the “DCP&P Information” link.



The screenshot shows the 'REFERRAL INFORMATION' form. On the left is a blue sidebar with a menu: 'New Referral', 'Modify Referral' (highlighted in yellow), 'Case Indicators', 'Case Closure', 'Delete Episode', 'CWRRF', and 'Referral Response Letter'. The main form area has a navigation bar with links: 'Referral' (active), 'GA Information', 'TANF Information', 'DCP&P Information' (indicated by an arrow), 'Unisys Information', and 'Other Information'. The form contains various input fields and checkboxes:

Client's Current Address: 13 Genome St. Apt 3 Trenton 08619		New Address	
County: Ocean	Referral Entry Date: 1/4/2013		
Referral Source: BSS	SAIF? <input type="checkbox"/>		
Referral Service: SAI	ICM? <input checked="" type="checkbox"/>		
Program Status: GA-DYFS	Pregnant at the time of referral? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Welfare Case#: c121212			
Welfare CW: Bayha Kim - Ph:732-901-4198x2038, Fax:732-255-0845	+		
SAIF CW: (None)	+		
EA Case Worker: (None)	+		
# of Sanctions at the time of referral: 0	Current Sanction Status: No		
High Risk Client: <input type="checkbox"/>	High Risk Methadone: <input checked="" type="checkbox"/>		
Referral Status: <input type="radio"/> Mandatory <input checked="" type="radio"/> Non-Mandatory (Voluntary)			

Select the “+” sign located next to the “DCP&P Worker:”



This screenshot shows the 'DCP&P Information' section of the form. The navigation bar now has 'DCP&P Information' as the active link. The form fields include:

DCP&P: <input type="radio"/> Open <input type="radio"/> Closed
NJS#:
Priority Level:
County:
DCP&P Case Worker: (None) +
DCP&P Gatekeeper or Supervisor: (None) +
Office Location: (None)

At the bottom, there are buttons for 'Save Draft', 'Previous', and 'Next'. An arrow points to the '+' sign next to the 'DCP&P Case Worker' dropdown menu.

Enter the new “DCP&P Case Worker” information into this pop-up window.

Add Case Worker.

First Name	Test
Last Name	Dcppworker
County	Ocean ▼
Inactive?	No ▼
Phone#	609-555-1212 x <input type="text"/>
Cell#	<input type="text"/>
Fax#	609-555-1212
Email	<input type="text"/>
	<input checked="" type="checkbox"/> DCP&P Case Worker
	<input type="checkbox"/> SAIF Case Worker
	<input type="checkbox"/> EA Case Worker
	OK Cancel

Select “OK.”

You will see that the DCP&P Worker has been updated in the “DCP&P Worker” field.

- New Referral
- Modify Referral
- Case Indicators
- Case Closure
- Delete Episode
- CWRRF
- Referral Response Letter

REFERRAL INFORMATION

[Referral](#) | [GA Information](#) | [TANF Information](#) | [DCP&P Information](#) | [Unisys Information](#) | [Other Information](#)

DCP&P	<input type="radio"/> Open <input type="radio"/> Closed
NJS#:	<input type="text"/>
Priority Level:	▼
County:	▼
DCP&P Case Worker:	Test Dcppworker - Ph:609-555-1212, Fax:609-555-1212 +
DCP&P Gatekeeper or Supervisor:	(None) +
Office Location:	(None) ▼

Previous Next

Save Draft

Select “Save Draft.” After making all necessary modifications to the Referral, select the “Other Information” link to proceed to the last page of the referral where you will save your changes. The system will not allow you to proceed until all mandatory fields have been entered.

REFERRAL INFORMATION

- Please indicate whether DCP&P Case is Open or Closed
- NJS# is required

[Referral](#) | [GA Information](#) | [TANF Information](#) | [DCP&P Information](#) | [Unisys Information](#) | [Other Information](#)

DCP&P	<input checked="" type="radio"/> Open <input type="radio"/> Closed
NJS#:	222222222222 *
Priority Level:	<input type="text"/>
County:	<input type="text"/>
DCP&P Case Worker:	Test Dcppworker - Ph:609-555-1212, Fax:609-555-1212 +
DCP&P Gatekeeper or Supervisor:	(None) +
Office Location:	(None) ▾

On the “Other Information” page, select “Finish” to save your changes.

REFERRAL INFORMATION

[Referral](#) | [GA Information](#) | [TANF Information](#) | [DCP&P Information](#) | [Unisys Information](#) | [Other Information](#)

Reason

<input type="checkbox"/> Pre-assessment checklist responses	<input type="checkbox"/> Physician report
<input checked="" type="checkbox"/> Substance Abuse	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Self identified problem	<input type="checkbox"/> Convicted of possession or use ("Good Cause")
<input type="checkbox"/> Sanctioned/intent to comply	<input type="checkbox"/> Sanctioned/Non-compliance with work activity
<input type="checkbox"/> Treatment included in IRP	<input type="checkbox"/> Positive responses on SAI/BHI questionnaire
<input type="checkbox"/> Drug Court or MAP	<input type="checkbox"/> Court order by DCP&P
<input type="checkbox"/> Treatment included in DCP&P plan	

Other:

Living Situation:	Alone
Comments:	<input type="text"/>
Entered By:	Larenda Gillespie ▾

For this example, you will see that the client's Referral has been updated with the new DCP&P Case Worker.

REFERRAL INFORMATION

[Modify Referral](#) | [Case Indicators](#) | [Case Closure](#) | [Delete Episode](#) | [CWRRF](#) | [Referral Response Letter](#)

[Print](#)

Client's Current Address:	13 Genome St. Apt 3, Trenton 08619
County:	Ocean
Referral Entry Date:	01/04/2013
Referral Source:	BSS
Referral Service:	SAI
Program Status:	GA-DYFS
Welfare Case#:	c121212
Welfare CW:	Kim Bayha
SAIF CW:	
EA Case Worker:	
# of Sanctions:	0 at the time of referral
Current Sanction Status:	N
High Risk Client:	No
High Risk Methadone:	Yes High Risk Methadone- Client was unsuccessful on OMT as evidenced by continued positive UDS and client was also concurrently in IOP and PC.
Referral Status:	V
Pregnant at the time of referral:	No

DCP&P Information

DCP&P	Open
NJS#:	222222222222
Priority Level:	
DCP&P County:	
DCP&P CW:	Test Dcppworker

Referral Entry For Clients Without An Active Medicaid Number

There is a “No Medicaid #” checkbox located on the “Unisys Information” page of the Referral. It is to be used (checked) when a client does not have an active Medicaid number at the time of referral. When checked, it gives the ACC/SC the ability to enter and save a client’s referral.

REFERRAL INFORMATION

[Referral](#) | [GA Information](#) | [TANF Information](#) | [DCP&P Information](#) | **[Unisys Information](#)** | [Other Information](#)

Medicaid#:	<input type="text"/>	<input checked="" type="checkbox"/> No Medicaid #
Client Status:	<input type="radio"/> Eligible <input checked="" type="radio"/> Ineligible	
Date Eligibility Ended:	<input type="text"/>	
Date CC Requested Medicaid Extension to Start:	<input type="text"/>	
PGM#:	<input type="text"/>	
PSC#:	<input type="text"/>	

Unisys Information	
Medicaid#:	<input type="text"/>
Eligible?:	N
Eligibility End Date:	<input type="text"/>
Date CC Requested Medicaid Extension to Start:	<input type="text"/>
PGM#:	<input type="text"/>
PSC#:	<input type="text"/>

The Care Coordinator may complete the ASI, initial Assessment Summary ASAM Note and also create PPLs and preapprovals, as well as enter a projected Treatment Start date in the PPL, when this box is checked. There is a system-lock that will prevent the CC from entering a ‘Treatment Start’ date in the PPL due to not having an active Medicaid number. Once the Referral screen has been modified with an active Medicaid number, the system will then allow the CC to enter a ‘Treatment Start’ date.

Case Closure

A *Case Closure* is completed for every client at the end of an Episode of Care. The Case Closure Summary is completed each time a client’s WFNJ SAI/BHI case is closed.

One of the following case closure status definitions is assigned to each EOC:
(See Case Closure Policy for description of each case closure choice.)

Reason:	<input type="radio"/> Administrative Discharge <input type="radio"/> Deceased <input type="radio"/> Employment/Full Time Work Activity <input type="radio"/> Incarcerated <input type="radio"/> Medical condition or hospitalized <input type="radio"/> Refused Assessment <input type="radio"/> Successful Discharge	<input type="radio"/> Client Non Compliant <input type="radio"/> Drug Court <input type="radio"/> Failed to Complete Assessment <input type="radio"/> Lack of Provider Reporting <input type="radio"/> Not SAI/BHI/Medicaid Eligible <input type="radio"/> Refused Treatment <input type="radio"/> Treatment not indicated
---------	---	--

To create a “Case Closure:”

The screenshot shows the 'CASE CLOSURE' form. On the left, a sidebar contains links: 'Modify Referral', 'Case Closure' (highlighted with a yellow background and an arrow), 'CWRRF', and 'Referral Response Letter'. The main form area has the following fields:

- Closure Date: 11/13/2013
- Reason: (Same radio button options as the first form)
- Case Disposition & Plan: (A large text area for notes)
- Buttons: 'Close Case' and 'Clear Data'

- ✓ Select the “Case Closure” option under the “Referral” tab.
- ✓ Enter the case closure date.
- ✓ Select the appropriate “Reason” for the case closure.
- ✓ Enter a summary of what occurred in that EOC in the box labeled “Case Disposition & Plan.”
- ✓ Select “Close Case”. This will save the case closure information and the client’s case will be closed.
- ✓ You will then be directed to the “Case Closure” screen. Select “Print” to begin the process of printing the “Case Closure Summary”.

This screenshot shows the 'CASE CLOSURE' form after data entry. The sidebar is the same. The main form area now contains:

- Closure Date: 11/27/2013
- Reason: Administrative Discharge
- Case Disposition & Plan: ad
- Buttons: 'Re-Open Case' and 'Print' (highlighted with an arrow)

- ✓ Select “Open” from the bottom toolbar.

The screenshot shows a bottom toolbar with four buttons: 'Open', 'Save', 'Cancel', and a close icon (X). An arrow points to the 'Open' button.

- ✓ Go to “File” on the top toolbar (see above).
- ✓ Select “Print” from the pop-up menu.

Case Closure Edit

The *Case Closure Edit* module is located under the “Referral” section of Atlantis.

The screenshot shows the 'Case Closure Edit' module interface. On the left is a blue sidebar with a menu: 'New Referral', 'Modify Referral', 'Case Closure', 'Case Closure Edit' (highlighted in yellow), 'CWRRF', and 'Referral Response Letter'. The main area is titled 'REFERRAL INFORMATION' and contains a table with the following data:

Client's Current Address:	2009 Bacharach Boulevard Apt , Atlantic City 08401
County:	Atlantic
Referral Entry Date:	02/02/2005
Referral Source:	OTH
Referral Service:	SAI

There is a '[Print]' link in the top right corner of the table area.

While in this section, you can edit any of the “Case Closure” information for any of a client’s closed Episodes of Care. It is not necessary to open a closed Episode of Care in order to make modifications to any previously saved *Case Closure* information.

The screenshot shows the 'Case Closure Edit' module interface. On the left is a blue sidebar with a menu: 'New Referral', 'Modify Referral', 'Case Closure', 'Case Closure Edit' (highlighted in yellow), 'CWRRF', and 'Referral Response Letter'. The main area is titled 'CASE CLOSURE EDIT' and contains a form with the following fields:

- Closure Date: 2/14/2005
- Reason: A list of radio button options:
 - ☐ Administrative Discharge
 - ☐ Deceased
 - ☐ Employment/Full Time Work Activity
 - ☐ Incarcerated
 - ☐ Medical condition or hospitalized
 - ☐ Refused Assessment
 - ☐ Successful Discharge
 - ☐ Client Non Compliant
 - ☐ Drug Court
 - ☐ Failed to Complete Assessment
 - ☐ Lack of Provider Reporting
 - ☐ Not SAI/BHI/Medicaid Eligible
 - ☐ Refused Treatment
 - ☒ Treatment not indicated
- Case Disposition & Plan: A text area with a scroll bar.
- Save: A button at the bottom right of the form.

An arrow points to the 'Save' button.

After you have finished making the necessary changes, please remember to select the "Save" button to save your changes.

Case Worker Referral Response Form

The *Case Worker Referral Response Form* (CWRRF) provides the Welfare Caseworker with notification of a client’s level of participation in work or work readiness activities as well as the need for arranging childcare, housing, and transportation supports for the client. This is a critical piece of documentation that must be transmitted from the WFNJ SAI/BHI staff to the Welfare Caseworker regularly.

A new CWRRF is completed and forwarded to the Caseworker for any of these reasons:

- ☐ If a client does not show for assessment
- ☐ If the WFNJ SAI/BHI case is closed
- ☐ If the client is assessed and treatment is not indicated
- ☐ If a client shows for assessment and patient placement is arranged
- ☐ If a client is referred to a new level of care and/or Treatment Provider (and availability for work activities has changed)
- ☐ If a client does not enter treatment as scheduled
- ☐ If a client is assessed but refuses treatment
- ☐ If a client drops out of or is administratively discharged from treatment
- ☐ If a client is successfully discharged from treatment
- ☐ If any update is made in the case of which the Caseworker needs to be aware
- ☐ Every month for clients who have an open WFNJ SAI/BHI case, even if there has been no level of care change
- ☐ Any point in time when sanction may be required, e.g., failure to attend the assessment, failure to adhere to treatment recommendations, failure to attend treatment, etc.

NCADD ATLANTIS SAI/BHI SYSTEM
NEW JERSEY Welcome acc | Settings | Log Out |

Home Search Client Client **Referral** Assessment Treatment Service Log Forms System Reports Queries

Client: **Jean Poole (60041502-1)** DOB: **07/25/1974** Sex: **F** Care Coordinator: **Stacey Wolff**

The Case is Open

New Referral
Modify Referral
Case Closure
CWRRF
Referral Response Letter

REFERRAL INFORMATION [Print]

Client's Current Address:	Homeless
County:	Gloucester
Referral Entry Date:	01/04/2013
Referral Source:	BSS
Referral Service:	SAI
Program Status:	GA-DYFS
Welfare Case#:	c121212
Welfare CW:	Nadirah Austin
SAIF CW:	
EA Case Worker:	
# of Sanctions:	0 at the time of referral
Current Sanction Status:	N
High Risk Client:	No
High Risk Reason:	

To create a CWRRF:

- ✓ Under the Referral tab, select "CWRRF."

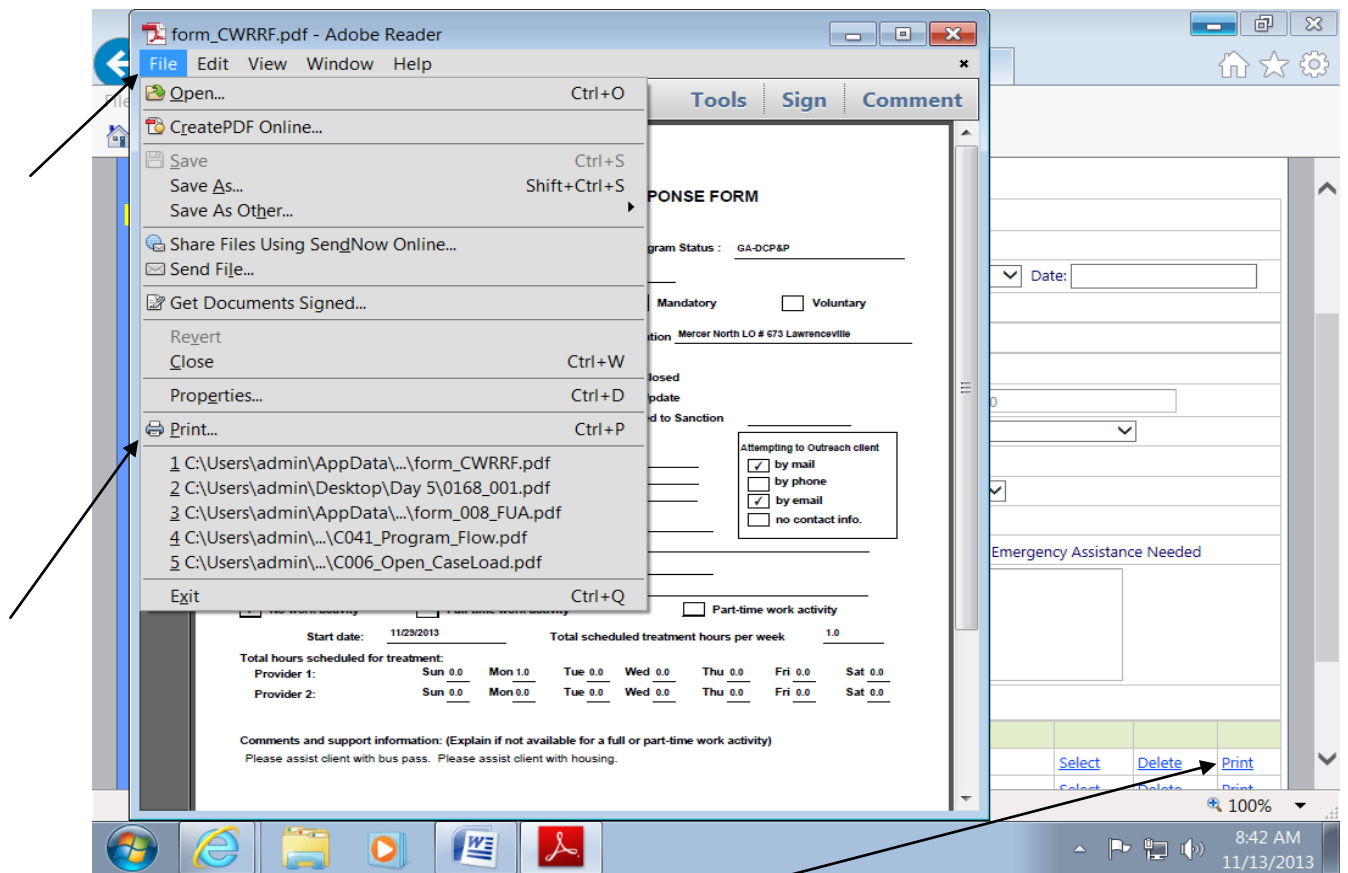
[New Referral](#)
[Modify Referral](#)
[Case Closure](#)
[CWRRF](#)
[Referral Response Letter](#)

CASE WORKER REFERRAL RESPONSE

Date:	11/13/2013		
Referral Status:	<input type="radio"/> Voluntary <input checked="" type="radio"/> Mandatory		
Response Reason:	Select Response Reason	Date:	
Treatment Provider1:	Select Provider		
Treatment Provider2:	Select Provider		
Work Activity Indicated:	Select Work Activity	Referred to Sanction:	
Date available to start work:		Total treatment hours per week:	0
Welfare Case Worker:	Nadirah Austin - Ph:609-989-4481, Fax:609-394-6653		
EA Case Worker:			
SAIF Worker:			
Attempting to outreach client:			
Check All That Apply:	<input type="checkbox"/> Needs Bus Pass From Welfare <input type="checkbox"/> Child Care Needed <input type="checkbox"/> Emergency Assistance Needed		
Comments:	<div style="border: 1px solid #ccc; height: 40px; padding: 5px;">Enter Comments</div>		
<input type="button" value="Save"/>			

Date	Referral Response	Work Activity			
8/26/2013	Client changed treatment plan on	No Work Activity	Select	Delete	Print

- ✓ The first page of the “Case Worker Referral Response Form” screen is displayed.
- ✓ The CWRRF date is auto-populated with the current date.
- ✓ Select voluntary or mandatory (if it is a DCP&P client, mandatory is auto-populated.)
- ✓ Click on the “Response Reason” and select a reason from the drop-down.
- ✓ Enter the date that corresponds to the selected “Response Reason,” if a date is indicated.
- ✓ Click on “Treatment Provider 1” and select the Treatment Provider from the drop-down where the client is attending treatment or has been scheduled to attend, if applicable. If the client is attending, or has been scheduled to attend two providers, select the second Treatment Provider from the drop-down labeled “Treatment Provider 2”
(If you select a provider, you must select the total hours a client is scheduled to attend treatment each day.)
- ✓ Choose whether the client is available for a full-time, a part-time, or no work activity at the time the CWRRF is created, from the “Work Activity Indicated” drop-down.
- ✓ Choose yes or no to indicate if the client should be referred for a sanction. (If referring for a sanction, you must select “No work activity”).
- ✓ Select the date that the client is available to start work, if applicable. (pop-up calendar)
- ✓ If the client is in treatment, you must enter the TOTAL number of hours the client should attend treatment each week; this total should match the total of the daily hours combined for each day.
- ✓ The Welfare Case Worker's name will automatically populate from the Referral screen.
- ✓ The same holds true for the EA and SAIF Case Workers.
- ✓ If you are attempting to outreach the client, select the outreach method from the dropdown.
- ✓ If the client needs supportive assistance, select all that apply (bus pass, childcare, or emergency assistance). Comments are auto-generated for each of the options that are selected but additional comments may be made.
- ✓ Select “Save”.



- ✓ To print the CWRRF, select “Print” next to the date of the CWRRF that you would like to print.
- ✓ Select “Open” from the bottom toolbar to display the CWRRF that you wish to print.



- ✓ Go to “File” on the top toolbar (see above).
- ✓ Select “Print” from the pop-up menu.

Referral Response Letter

The *Referral Response Letter (RRL)* provides the DCP&P Caseworker with the information necessary for child safety and collaboration of client care. This is a critical piece of documentation that must be transmitted from the WFNJ SAI/BHI staff to the DCP&P Caseworker at the time of assessment and for any of the following reasons:

- ❑ If a client does not show for assessment and outreach will be conducted to reschedule the appointment
- ❑ If the client was assessed and did not self-report a substance abuse problem (they are sent for an extended evaluation)
- ❑ If a client shows for assessment and patient placement is arranged
- ❑ If a client is assessed but refuses treatment

To create a Referral Response Letter:

- ✓ Under the Referral tab, select “Referral Response Letter.”

The screenshot displays the NCADD New Jersey Atlantis SAI/BHI System interface. The top navigation bar includes links for Home, Search Client, Client, Referral, Assessment, Service Log, Forms, System, User Management, PA Unit, Reports, and Queries. The user is logged in as 'swolff' with a 'Welcome' message and links for 'Settings' and 'Log Out'. The client information shown is 'Client: Jean Poole (60041502.1)' with DOB: 07/25/1974 and Sex: F. The Care Coordinator is Stacey Wolff. The left sidebar menu has 'Referral Response Letter' highlighted. The main content area is titled 'DCP&P ASSESSMENT/REFERRAL RESPONSE LETTER' and shows the 'Assessment' tab selected. It includes a 'Created' dropdown set to '(New Letter)', a 'CC' dropdown set to 'Select', and five checkboxes for assessment reasons: 'Assessment has been scheduled', 'Client did not show for assessment', 'Client was assessed and did not self-report substance abuse was a problem, sent for extended evaluation', 'Client was assessed and treatment is indicated', and 'SAI will send client appointment letter to reschedule assessment.' There is a 'Comments' section with a text input field and a 'Print' button.

- ✓ On the “**Assessment**” page of the RRL, one of the five selections should be chosen and any necessary comments can be entered in the comment section.
- ✓ On the “**Treatment**” page of the RRL, it should be indicated if the client has or has not agreed to attend treatment. If the client is to attend treatment, the Treatment Provider and Level of Care information should be selected. **Note!** If you are selecting the “Treatment” Referral Response Letter a PPL must be generated first in order for the drop-down to pull through the treatment provider name. Once you click “print,” the data is saved and the form is automatically filled-in with the client’s identifying information. Comments can be entered in the “comment” section located on this page.

- ✓ On the “**Work Activity**” page of the RRL, the relevant work activity information that is to be sent to the Case Worker should be chosen. Comments can be entered on this page.

- ✓ The welfare caseworker and DCP&P caseworker information will automatically ‘pull’ from the client’s referral and print on the RRL.
- ✓ If an assessment appointment has been scheduled, the date of the assessment will auto-populate on the RRL form when it prints.
- ✓ Select “Print” once you have completed your selections and entered comments. Once you click “print,” the data is saved and the form is automatically filled-in with the client’s identifying information.
- ✓ Follow the steps above for printing a RRL. They are identical to the steps taken to print a CWRRF.

V. ASSESSMENT

The Assessment module has ten sections, Schedule Assessment (used by ACCs/SCs), Schedule Follow-up (used by anyone to schedule a follow-up), ASI (the severity ratings will pull through) and you will select the most appropriate Diagnostic Category, Immediate Need Profile, Care Coordination Plan, ASAM/PPL (initial ASAM and all subsequent ASAM Notes), Payment Authorization module (**used by the PA Unit only**), Attendance, SAIClops Assessment Summary and the SAIClops Case Management Update Plans.

Scheduling A Follow-Up Appointment

Under “Assessment,” select “Schedule Follow-Up.”

Home Search Client Client Referral Assessment Treatment Service Log Forms System Reports Queries

Client: Jean Poole (60041502-1) DOB: 02/10/1995 Sex: F Program: GA-DYFS Care Coordinator: Stacey Wolff

The Case is Open

Schedule Assessment
Schedule Follow-Up
ASI
Immediate Need Profile
ASAM / PPL
Payment Authorization
Attendance
SAIClops Asmt Summary
S'Clops CM Update Plans

Schedule Follow-Up
Care Coordinator: -- Select CC --
Followup Date: Clear
Disposition: Scheduled FollowUp
Location: -- Select Location --
[Save Schedule]

Jan February 2015 Mar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
25	26	27	28	29	30	31
1	2	3	4	5	6	7
8	9	10	11	12	13	14

- ✓ Select the “Care Coordinator” name.
- ✓ Select the “Follow-up Date” and time of the appointment.
- ✓ The disposition will automatically be designated as “Scheduled Follow-Up.”
- ✓ Select the follow-up appointment “Location” from the drop-down.
- ✓ Select “Save Schedule” to update the CC’s calendar and schedule the appointment.
- ✓ You will then be automatically directed to the list of client appointments where you will see the newly scheduled Follow-Up appointment.

How To Disposition Or Modify An Assessment Or Follow-Up Appointment

- ✓ Select “Assessment” on the top toolbar to take you to the “All Schedules” screen.
- ✓ Choose the appointment you wish to disposition or modify.
- ✓ Select “View/Edit” to be directed to the screen where you modify or disposition this appointment.
- ✓ You will see multiple choices in the drop-down for “Status” and for “Reason.” Select the most appropriate “Status” and “Reason” from the dropdown selections when choosing a disposition for the appointment.

(Note! If the client showed for the assessment or follow-up appointment, **it is not necessary** to disposition the record.)

The Case is Open

Schedule Assessment

SCHEDULE ASSESSMENT

Care Coordinator: -- Select CC --

Location: -- Select Welfare Office --

Date Scheduled: [Clear](#)

Standby Date: [Clear](#)

Standby CC: -- Select CC --

Standby Location: -- Select Standby Location --

Status: Scheduled Assessment

Reason:

[\[Save Schedule \]](#)

Jan	February 2015						Mar
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
25	26	27	28	29	30	31	

Addiction Severity Index

The *Addiction Severity Index (ASI)* is the principal instrument used to collect and record information during the client assessment interview.

Once the client's assessment (ASI) has been completed and saved, log into the Atlantis system and record the ASI severity ratings.

Recording the ASI assessment information:

- ✓ Search for your client.
- ✓ Under the "Assessment" tab, select "ASI" from the menu options on the left side of the screen.
- ✓ Select the correct "Diagnostic Category" from the dropdown:

The Case is Open

Schedule Assessment
Schedule Followup
ASI
Immediate Need Profile
ASAM / PPL
Payment Authorization
Attendance

ASI

Diagnostic Category: SA1. Substance Use Disorder Only
SA2. High Substance Use Disorder (primary) with Low to High Mental Disorder
BH3. High Mental Disorder Only
BH4. High Mental Disorder (primary) with Low to High Substance Use Disorder

Assessing CC: Stacey Wolff

Assessment Date: 1/13/2013 08:00 am [Clear](#)

Managing CC: Stacey Wolff

Medical: 3

Emp/Sup: 5

Alcohol: 7

Drug: 0

Legal: 1

Family/Social: 3

Psychiatric: 3

- ✓ Select the "Managing CC."
- ✓ The assessment date and assessing CC will have auto-filled from the previously uploaded ASI.
- ✓ The ASI Severity Ratings will have also automatically pulled through from the uploaded ASI.
- ✓ Click "Update" once you are finished with your selections and ready to save.
- ✓ You will not be able to proceed with completing the ASAM LOC until a "Managing CC" has been selected on this page. Please make sure the ASI page is completed before proceeding.

Immediate Need Profile

The “Immediate Need Profile” is a menu option located under the “Assessment” tab in Atlantis.

NCADD NEW JERSEY Test System ATLANTIS SAI/BHI SYSTEM
Welcome cm! | Settings | Log Out |

Home Search Client Client Referral Assessment Treatment Service Log Forms System Reports Queries

Client: Jean Poole (60041502-1) DOB: 07/25/1974 Sex: F Care Coordinator: Stacey Wolff

The Case is Open

ASI
Immediate Need Profile
ASAM / PPL
Payment Authorization
Attendance

ALL SCHEDULES
[Schedule A Followup](#)

Type	Scheduled Date	Standby Date	Care Coordinator	Result
------	----------------	--------------	------------------	--------

The first four questions of the Immediate Need Profile must be completed prior to completing the ASI for every client. The information that is entered here will pull through to the Admission ASAM Note and print on the document that is sent to the provider.

Note! You may notice that the “Save” button cannot be selected after entering the information. This is because the system automatically saves it as you enter it.

Schedule Assessment
Schedule Followup
ASI
Immediate Need Profile
ASAM / PPL
Payment Authorization
Attendance
SAI/Clops Asmt Summary
S/Clops CM Update Plans

IMMEDIATE NEED PROFILE AND MENTAL STATUS EXAM

1. Acute Intoxication and/or Withdrawal Potential - Currently having severe, life threatening and/or similar withdrawal symptom? ☒ Yes ☐ No
2. Biomedical Conditions/Complications - Any current severe physical health problems that require emergency services (e.g., recent severe pain in head, chest, abdomen, or excessive bleeding from mouth or rectum, unstable hypertension) ☒ Yes ☐ No
- 3a. Emotional/Behavioral/Cognitive Conditions/Complications (A.) Imminent danger of harming self or someone else? (e.g., suicidal ideation with intent, plan, and means to succeed; homicidal or violent ideation; impulses and uncertainty about ability to control impulses, with means to act on.) ☒ Yes ☐ No
- 3b. Unable to function in activities of daily living, care for self with imminent, dangerous consequences (e.g., unable to bathe, feed groom, and care for self due to psychosis, organicity, or uncontrolled intoxication with threat to imminent safety of self or others as regards death or self injury.) ☒ Yes ☐ No

"Yes" to questions 1a., 2a., and/or 3a. or 3.b. requires immediate medical or psychiatric care. Stop the assessment and call emergency services.

Appearance: ☐ Well Groomed ☐ Unkempt ☒ Very Poor/malodorous

Speech: ☐ Clear ☐ Slurred ☐ Rapid ☐ Pressured

Thought Process: ☐ Logical ☐ Circumstantial ☐ Tangential ☒ Loose ☐ Racing ☒ Concrete ☐ Incoherent ☐ Flight of Ideas

Mood: ☐ Neutral ☐ Euthymic ☒ Depressed ☒ Anxious ☐ Angry ☐ Euphoric ☐ Irritable

Affect: ☐ Full ☐ Constricted ☐ Flat ☐ Inappropriate ☐ Labile

Behavior: ☐ Cooperative ☐ Resistant ☐ Agitated ☐ Over Sedated ☒ Aggressive ☐ Hyperactive ☐ Anhedonia
☐ Withdrawn ☐ Dystonia ☐ Loss of Interests

Impairment of Cognition: ☐ None Reported ☐ Orientation ☐ Memory (short-term) ☐ Memory (long-term) ☐ Attention/Concentration
☐ Ability to Abstract

Comments: abc some more information about the clientsdfsasf as

Care Coordination Plan

The *Care Coordination Plan* is located under the “Assessment” section of Atlantis.

The Case is Open						
Schedule Assessment	ALL SCHEDULES					
Schedule Followup						
ASI						
Immediate Need Profile	Schedule A Followup					
Care Coordination Plan						
ASAM / PPL						
Payment Authorization	Follow Up	01/18/2013 10:00 A		Stacey Wolff	Cancelled	View/Edit Delete
Attendance	Follow Up	07/26/2013 04:00 P		Stacey Wolff		View/Edit Delete
SAIClops Asmt Summary	Follow Up	09/19/2013 11:00 A		Stacey Wolff		View/Edit Delete
S'Clops CM Update Plans	Assessment	01/13/2015 08:00 A	01/08/2013 11:00 A	Stacey Wolff	Assessment Completed	View/Edit Delete

There are three options for completing a Care Coordination Plan: ASI, 3-Months and 6-Months. Click one of the three tabs to open the appropriate Plan. Please note that the "ASI Date" on the initial "ASI" plan will auto-fill with the date that the assessment was completed. You must manually enter the date when completing the 3-Month or the 6-Month Plan.

Schedule Assessment	CARE COORDINATION PLAN	ASI 3 Months 6 Months		
Schedule Followup				
ASI		ASI Date: <input type="text" value="7/2/1993"/>		
Immediate Need Profile				
Care Coordination Plan				

The Care Coordination Plan is broken out into nine sections:

- Medical
- Employment
- Alcohol
- Substance Use
- Legal
- DCP&P
- Family/Social
- Psychiatric
- Supportive Services

For each of these sections, select the appropriate choice(s) by checking the suitable checkboxes. Then, enter the appropriate service plan comments in the corresponding comment boxes.

You will notice that the "Save" button at the bottom of the screen is 'grayed' out. For your convenience, the system automatically saves the information as you go so that it is not necessary to select "Save" after you have completed the document.

ASAM/PPL

ASAM LOC Service Note Choices:

There are four types of ASAM Service Notes: (1) ASAM Admission Assessment Summary (2) Client Reassessment (3) Continued Stay with Provider (4) Transfer to New Provider. The following summary will provide instruction of when each of these choices is to be selected along with examples of how to use them:

1. **New ASAM Admission Assessment Summary:** This ASAM Note is created only once per episode of care by the Atlantis system and is generated when the client presents for the initial assessment.

NCADD NEW JERSEY ATLANTIS SAI/BHI SYSTEM
Welcome cml | Settings | Log Out |

Home Search Client Client Referral Assessment Treatment Service Log Forms System Reports Queries

Client The Case is Open Care Coordinator: LaTifa Brooks

GAAS Last Cash Date is 09/30/2014.

ASAM LOC

#	ASAM Date	Next Review	Level Assessed	Level Placed	Assessment Type	Preapprovals	Actions
No Records Found							

[New Service Review](#)

PATIENT PLACEMENTS

Provider	Placed	Tx Scheduled	Tx Enter	Tx Discharge	Preapprovals etc.
Nothing Scheduled.					

[\[New PPL\]](#)

- ✓ Select “ASAM/PPL” in the left margin to begin creating the ASAM Admission Assessment Summary.
- ✓ Select “New Service Review.”
- ✓ Create the ASAM Admission Assessment Summary. You will notice that many fields have auto-filled, including the "ASAM Dimensional Issues" boxes where the appropriate comments have pulled through from the ASI. Any comments that have auto-filled in the D1 through D6 boxes are editable.
- ✓ Under the “Assessment Type” column, you will see that the “Assessment” ASAM has been created.

NCADD NEW JERSEY ATLANTIS SAI/BHI SYSTEM
Welcome cml | Settings | Log Out |

Home Search Client Client Referral Assessment Treatment Service Log Forms System Reports Queries

Client The Case is Open Care Coordinator: LaTifa Brooks

GAAS Last Cash Date is 09/30/2014.

ASAM LOC

#	ASAM Date	Next Review	Level Assessed	Level Placed	Assessment Type	Preapprovals	Actions
1	09/17/2014	10/17/2014	2.1	2.1	Assessment	(None)	

[New Service Review](#)

PATIENT PLACEMENTS

Provider	Placed	Tx Scheduled	Tx Enter	Tx Discharge	Preapprovals etc.
My Father's House (7601905)	2.1	10/09/2014			(None)

[\[New PPL\]](#)

- ✓ Create a new PPL (See PPL section) for this ASAM note.
- ✓ Then go back and create the preapprovals on this ASAM note.

To view assessment summaries from previous EOCs in the last version of the database, you must select the Episode of Care you are seeking in the “Client” screen:

Home Search Client **Client** Referral Assessment Treatment Service Log Forms System PA Unit Reports Queries

Client: The Case is Closed **Sex:** F **Program:** GA **Care Coordinator:** Liza Howe

Profile
Address
Children
Collateral Contact
New EOC

CLIENT INFORMATION

Client ID#:	01002149
Client:	Barbara Weinreich
SSN#:	197526450
Address:	Homeless, Trenton, New Jersey - 08505
Date Of Birth:	1/21/1962, Sex: F
Phone:	609-278-2476 (Preferred)
Mobile:	None
Email:	None
Episodes:	<input type="radio"/> 6 <input checked="" type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1

COMMENTS
No Comments

CHILDREN INFORMATION
No Children Information

COLLATERAL CONTACT (FOR OUTREACH, EMERGENCY, ETC. - GET RELEASE SIGNED)

Relation	First	Middle	Last	Street	City	State	Zip	Phone
----------	-------	--------	------	--------	------	-------	-----	-------

You will then select “SAIClops Assessment Summary” for that EOC to view. You are required to go into each previous EOC to read the respective assessment summary.

Home Search Client Client Referral Assessment Treatment Service Log Forms System PA Unit Reports Queries

Client: The Case is Open **Sex:** F **Program:** GA DYFS **Care Coordinator:** Stacey Wolff

Schedule Assessment
Schedule Followup
ASI
Immediate Need Profile
Case Management Plan
ASAM / PPL
Payment Authorization
Attendance
SAIClops Asmt Summary
S'Clops CM Update Plans

SAICLOPS ASSESSMENT SUMMARY
Description of client's current circumstances, including significant relationships (indicate source of information). 6000 characters max:

Diagnostic Impression:

AXIS I:
AXIS II:
AXIS III:
AXIS IV:
(Check All that apply)

☐ Problems with primary support group ☐ Occupational Problems
☐ Problems related to social environment ☐ Housing Problems
☐ Educational Problems ☐ Financial Problems
☐ Legal Problems

AXIS V(Global Assessment of Functioning):

ASI-High Risk Areas:

Problem	0	1	2	3	4	5	6	7	8	9
Medical				X						
Emp/Support						X				
Alcohol								X		
Drugs	X									
Legal		X								
Fam/Social				X						
Psych						X				
DYFS Involvement										
Parenting Concerns										
Childcare Needs										
Transportation										
Housing										

KEY TO SEVERITY PROFILE: 0-No Problem, 1-3 Mild, 4-6 Moderate, 7-9 Severe

CM Needs Plan:

PROBLEM	ASI	GOAL	SERVICE PLAN	SERVICE PROVIDER
---------	-----	------	--------------	------------------

2. Client Reassessment: This ASAM Note differs from the Continued Stay ASAM in that it is created based on a face-to-face meeting or telephone conversation with the client rather than a continued stay conversation with the provider. **A client reassessment is conducted when the client has not started treatment or has left treatment. If a client is in treatment, you will select “Continued Stay with Provider.”**

The client is not in treatment and does not have an open PPL. In other words, you are “reassessing” the client for his/her needs since he/she IS NOT in treatment.

While in the “ASAM/PPL” module, select “New Service Review.”

ASAM LOC

#	ASAM Date	Next Review	Level Assessed	Level Placed	Assessment Type	Preapprovals	Actions
1	09/05/2014	10/04/2014	I	I	Assessment	(None)	Delete

[New Service Review](#)

Because the client is not in treatment (no PPL exists), the CC must generate a “Client Reassessment” ASAM Note (as indicated by the dropdown option).

WFNJ SAI/BHI
ASAM Level of Care Service Note

Service Review of: Client Reassessment

Client Name: Melissa Vera WFNJ SAI/BHI # 60034745

Date Assessed: Date of Next Service Review:

DSM IV-TR Diagnostic Impression: Lookup

Risk Rating: D1 D2 D3 D4 D5 D6

Diagnostic Category: SA1. Substance Use Disorder Only

[Go Back](#)

Complete and save the ASAM “Client Reassessment” Service Note.

ASAM LOC

#	ASAM Date	Next Review	Level Assessed	Level Placed	Assessment Type	Preapprovals	Actions
1	09/05/2014	10/04/2014	I	I	Assessment	(None)	Delete
2	09/10/2014	10/09/2014	II.1	II.1	Reassessment	(None)	Transfer Delete

[New Service Review](#)

PATIENT PLACEMENTS

Provider	Placed	Tx Scheduled	Tx Enter	Tx Discharge	Preapprovals
Nothing Scheduled.					

[New PPL](#)

- ✓ Create a new PPL (See PPL section) for this ASAM note.
- ✓ Then go back and create the preapprovals on this ASAM note.

3. Continued Stay with Provider: This type of ASAM is created during a service review with the provider and it is determined that one of the following three scenarios holds true:

- (1) **The client is to continue at the current LOC** because the results of the service review with the provider show that no changes to the client's current level of care or placement are necessary.
 - o While in the "ASAM/PPL" module, select "New Service Review."

ASI
Immediate Need Profile
ASAM / PPL
Payment Authorization
Attendance

ASAM LOC

#	ASAM Date	Next Review	Level Assessed	Level Placed	Assessment Type	Preapprovals	Actions
1	09/05/2014	10/04/2014	I	I	Assessment	ARS Somers Point	

[New Service Review](#)

PATIENT PLACEMENTS

Provider	Placed	Tx Scheduled	Tx Enter	Tx Discharge	Preapprovals
ARS Somers Point (0055123)	I	09/05/2014	09/05/2014		09/05/2014 - 10/04/2014

[\[New PPL \]](#)

ASI
Immediate Need Profile
ASAM / PPL
Payment Authorization
Attendance

WFNJ SAI/BHI

ASAM Level of Care Service Note

[Go Back](#)

Service Review of:	Client Reassessment	
Client Name:	ARSA Somers Point	WFNJ SAI/BHI # 60034745
Date Assessed:		Date of Next Service Review:

- o Complete and save the "CSR at Provider Name" ASAM Service Note.

ASI
Immediate Need Profile
ASAM / PPL
Payment Authorization
Attendance

ASAM LOC

#	ASAM Date	Next Review	Level Assessed	Level Placed	Assessment Type	Preapprovals	Actions
1	09/05/2014	10/04/2014	I	I	Assessment	ARS Somers Point	
2	09/23/2014	10/22/2014	I	I	CSR with ARS Somers Point	(None)	Transfer Delete

[New Service Review](#)

PATIENT PLACEMENTS

Provider	Placed	Tx Scheduled	Tx Enter	Tx Discharge	Preapprovals
ARS Somers Point (0055123)	I	09/05/2014	09/05/2014		09/05/2014 - 10/04/2014

[\[New PPL \]](#)

- o Then go back and create the preapprovals on this ASAM Note. The PPL already exists.

- (2) **The client requires an additional LOC, more intensive or less intensive, at the same provider.** For example, an OTS client is now in need of IOP at the same provider. You will follow the directions outlined above and select and place the client at both levels of care on the “CSR with Provider” ASAM Note.

Since the client will be entering an ADDITIONAL level of care at the same provider you will create the additional PPL based on your ASAM LOC selections. For example, if a client is on OTS but you want to increase the client to IOP, when you complete the “CSR with Provider” ASAM you will select “OTS/2.1” as the level assessed and OTS and 2.1 would then be the 'placed' levels. These ASAM treatment selections will allow you to create a PPL for the IOP. You do not need to create a PPL for the OTS LOC. One already exists in the system.

- (3) **The client will be discharged from the current LOC at the current provider and will be entering a new LOC at the same provider.**

- While in the “ASAM/PPL” module, select “New Service Review.”
- Complete and save the “CSR at Provider Name” ASAM Service Note.
- Create a PPL for this new ASAM Note. The other PPL will still be active.
- Then go back and create the preapprovals on the new ASAM note.

NOTE! If a client comes to see you and is in need of an additional level of care at the same provider but the CSR is not due, you will need to contact the treatment provider to conduct an early CSR and recommend the increased level of care. **You do not complete a “Client Reassessment” ASAM Note since the client is adding an ADDITIONAL level of care at the SAME provider.**

Once you complete a CSR, you will inform the treatment provider of the results by selecting 1 of the 4 dropdown choices below:

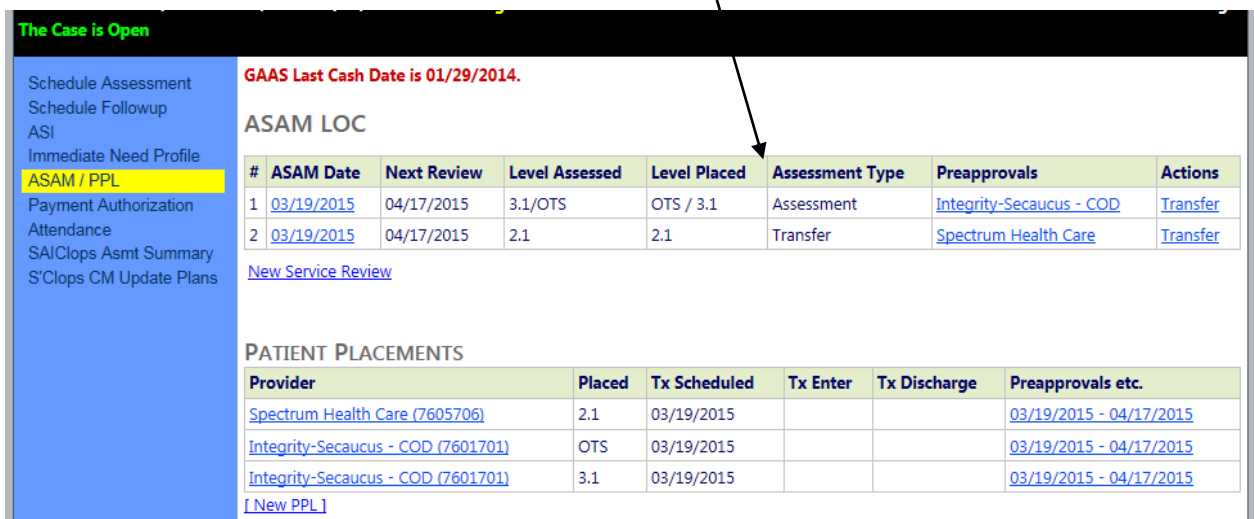
- Continue at Current LOC (meaning there is no change to the service plan, SAME LOC at the **SAME provider**)
- Client Needs Less Intensive LOC (meaning the client needs to step down in treatment at the **SAME provider**)
- Client Needs More Intensive LOC (meaning the client needs to step up in treatment at the same provider or adding an additional LOC at the **SAME provider**)
- Transfer to New Provider (meaning the client needs to transfer to a new provider in order to step up or step down in treatment, or will remain at the SAME LOC and transfer to a DIFFERENT provider for an additional LOC)

The screenshot displays the ASAM/PPL module interface. It features several sections with green headers: 'D5) Relapse, Continued Use or Continued Problem Potential (Including Current Use, History, and Related Treatment)', 'D6) Recovery/Living Environment', and 'List medical justification'. Below these are input fields for 'ASAM Level Assessed:', 'ASAM Level Placed #1:', and 'ASAM Level Placed #2:'. A dropdown menu is open, showing four options: 'Client Needs Less Intensive LOC', 'Client Needs More Intensive LOC', 'Continue at current LOC', and 'Transfer to new provider'. The 'List medical justification' section is also visible at the bottom.

4. Transfer To New Provider:

The option for you to create a "Transfer" ASAM Note is available **after** an "ASAM Admission Assessment Summary," a "Reassessment" or a "Continued Stay with Provider" ASAM Note has been completed. A "Transfer" is generated following one of three circumstances:

- (1.) After completing an initial assessment, or reassessment, and it is determined that the client will attend treatment at at-least one provider in one or two LOCs but requires an additional LOC at a DIFFERENT provider. In this case, the Assessment (or Reassessment) ASAM Note would be completed first, placing the client in one or two LOCs, and then the "Transfer" ASAM would be completed for the additional LOC at the second provider.



The Case is Open

Schedule Assessment
Schedule Followup
ASI
Immediate Need Profile
ASAM / PPL
Payment Authorization
Attendance
SAIClops Asmt Summary
S'Clops CM Update Plans

GAAS Last Cash Date is 01/29/2014.

ASAM LOC

#	ASAM Date	Next Review	Level Assessed	Level Placed	Assessment Type	Preapprovals	Actions
1	03/19/2015	04/17/2015	3.1/OTS	OTS / 3.1	Assessment	Integrity-Secaucus - COD	Transfer
2	03/19/2015	04/17/2015	2.1	2.1	Transfer	Spectrum Health Care	Transfer

[New Service Review](#)

PATIENT PLACEMENTS

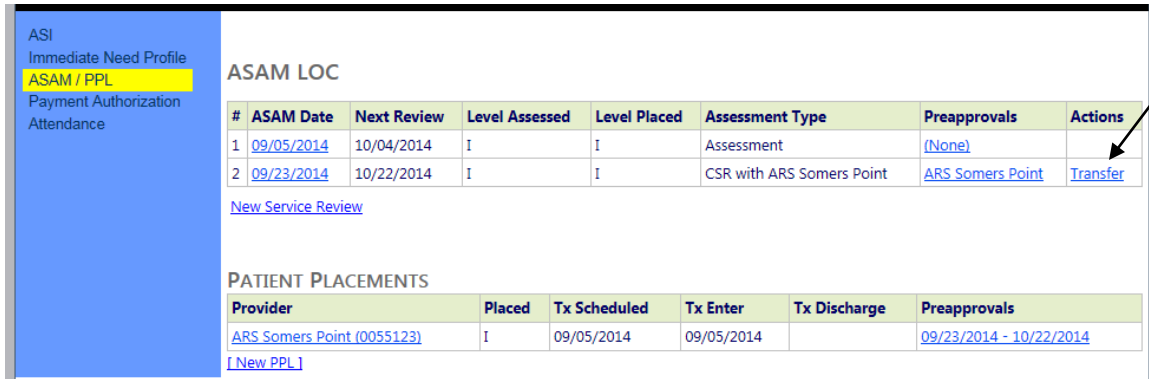
Provider	Placed	Tx Scheduled	Tx Enter	Tx Discharge	Preapprovals etc.
Spectrum Health Care (7605706)	2.1	03/19/2015			03/19/2015 - 04/17/2015
Integrity-Secaucus - COD (7601701)	OTS	03/19/2015			03/19/2015 - 04/17/2015
Integrity-Secaucus - COD (7601701)	3.1	03/19/2015			03/19/2015 - 04/17/2015

[\[New PPL \]](#)

- (2.) After completing a CSR with the current provider, it is determined that the client must be transferred to a new provider for a new LOC because the client is being **discharged** from the current provider.
- (3.) After completing a CSR with the current provider, it is determined that the client must be transferred to a new provider for an **additional LOC at a second provider**. The client will remain in treatment at the current LOC but requires additional treatment (an additional LOC) at a different provider.

Creating a "Transfer" ASAM Note

- Once you have completed and saved the Assessment, Reassessment or CSR ASAM Note, select “Transfer” in the "Actions" column (located on the same row as the ASAM that was just completed).



ASI
Immediate Need Profile
ASAM / PPL
Payment Authorization
Attendance

ASAM LOC

#	ASAM Date	Next Review	Level Assessed	Level Placed	Assessment Type	Preapprovals	Actions
1	09/05/2014	10/04/2014	I	I	Assessment	(None)	
2	09/23/2014	10/22/2014	I	I	CSR with ARS Somers Point	ARS Somers Point	Transfer


[New Service Review](#)

PATIENT PLACEMENTS

Provider	Placed	Tx Scheduled	Tx Enter	Tx Discharge	Preapprovals
ARS Somers Point (0055123)	I	09/05/2014	09/05/2014		09/23/2014 - 10/22/2014

[New PPL](#)

- You will see that the information on the "Transfer to New Provider" page has pulled through from the original Assessment or CSR ASAM Note. Verify and edit this information if necessary, and then “Save.” (Please note that there is no option to choose the new provider name at this point.)

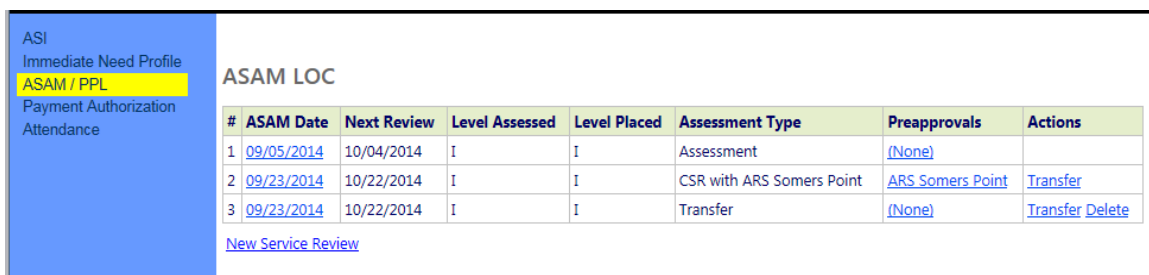


ASI
Immediate Need Profile
ASAM / PPL
Payment Authorization
Attendance

WFNJ SAI/BHI
Transfer to another provider

[Go Back](#)

Client Name:	Melissa Vera	WFNJ SAI/BHI #	60034745
Date Assessed:	<input type="text" value="9/23/2014"/>	Date of Next Service Review:	<input type="text" value="10/22/2014"/>
DSM IV-TR Diagnostic Impression:	<input type="text" value="305.00"/> Lookup		
Risk Rating:	<input type="button" value="D1"/> High <input type="button" value="D2"/> High <input type="button" value="D3"/> High <input type="button" value="D4"/> High <input type="button" value="D5"/> High <input type="button" value="D6"/> High		
Diagnostic Category:	<input type="text" value="SA1. Substance Use Disorder Only"/>		



ASI
Immediate Need Profile
ASAM / PPL
Payment Authorization
Attendance

ASAM LOC

#	ASAM Date	Next Review	Level Assessed	Level Placed	Assessment Type	Preapprovals	Actions
1	09/05/2014	10/04/2014	I	I	Assessment	(None)	
2	09/23/2014	10/22/2014	I	I	CSR with ARS Somers Point	ARS Somers Point	Transfer
3	09/23/2014	10/22/2014	I	I	Transfer	(None)	Transfer Delete

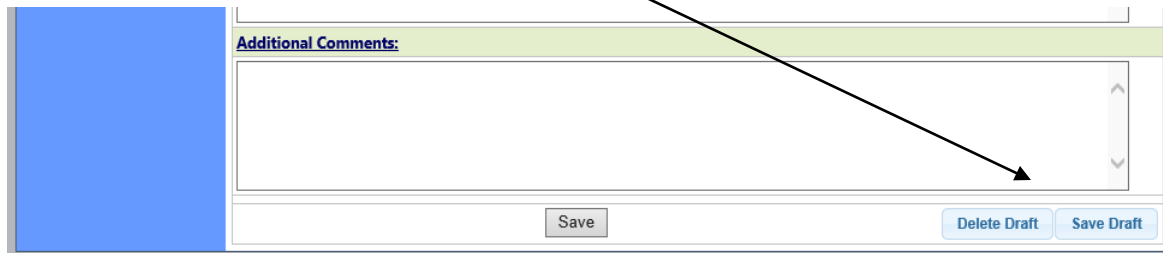
[New Service Review](#)

- Next, you must create a PPL for the new Transfer ASAM Note.
- Then go back and create the preapprovals for the new “Transfer ASAM Note” for the second provider.

Note! There is one exception - If a client will be stepping down a LOC at the same provider but is to remain in the same treatment “unit” for fewer days, YOU DO NOT CREATE A NEW PPL. You must document in the service log that the client is changing the frequency of days in treatment. For example, if a client attends 5 days at a partial care program (20 hours per week) but then steps down to what the provider is calling “IOP” and is now scheduled to attend 2 full days in the partial care program (10 hours per week), you do not create a new PPL. The WFNJ SAI/BHI is authorizing two 2.5/PC units per week for that provider, not 2.1/IOP units. There are several providers that have this exception. **Always ask the provider what services (days and hours) will be provided when a client steps down in treatment.**

Creating a "Draft" ASAM Note (All ASAM Note Types):

Atlantis has a built-in feature that will automatically save the information that you are entering on the ASAM page. The system auto-saves the current ASAM Note information in a 'Draft' form approximately every 15 seconds from the time of your last entry on the page. This 'Draft' is stored in the system and will not be lost even if the webpage or browser is closed before saving the final version of the ASAM Note. You can also choose to save a draft version of your ASAM Note at any time by selecting the “Save Draft” button. This button, as well as the "Delete Draft" button, is located at the bottom of the page.

A screenshot of a web form for an ASAM Note. On the left is a large blue rectangular area. To its right is a form with a green header bar labeled 'Additional Comments:'. Below this is a large white text area with a vertical scrollbar. At the bottom of the form are three buttons: 'Save' (grey), 'Delete Draft' (light blue), and 'Save Draft' (light blue). A black arrow points from the text 'Save Draft' in the paragraph above to the 'Save Draft' button.

Once you have completed the final version of the ASAM Note, remember to select “Save” at the bottom. If you do not select the “Save” button, the document will remain as a draft and you will not be permitted to print, create a PPL, or create pre-approvals. You will know that a draft of your ASAM Note exists if you see the “**(Saved Draft)**” message at the top of the page.

Important! Please note:

- In the event you want to delete your entire draft, choose the "Delete Draft" button. You will notice that **the data that was entered does not clear from the page but the “(Saved Draft)” message at the top disappears.** After deleting a "Draft," simply choose the “Go Back” button in order to go back to the ASAM Note screen to begin to create a brand new ASAM Note.
- If you have created a “Transfer” ASAM Note draft to access at a later time, you must use the “Transfer” link rather than the “New Service Review” link (as you would for all other drafts you have saved) to retrieve the saved draft. The Transfer draft will be visible under both links but there is a significant difference. If you select the “New Service Review” link, the title will be “ASAM Level of Care Service Note,” it will not be a “Transfer” and it will no longer be linked to the previous CSR. **You must select the “Transfer” option under ‘Action’ for the Transfer ASAM to remain linked.**

To view a previously created ASAM LOC Note:

- ✓ Under the "ASAM/PPL" module, click on the date of the ASAM LOC Note you wish to view.
- ✓ The ASAM LOC Note is displayed.

ICD-10-CM

To add a disorder and the corresponding ICD-10-CM billable code to an ASAM Service Note, follow the steps below. For your convenience, the DSM Diagnostic Impression information that you enter on an ASAM Note "pulls through" to the subsequent ASAM Note. You may find it necessary then to edit, or update, the disorders and codes on the subsequent ASAM Note. Please see below for instructions pertaining to editing ICD-10-CM codes on an ASAM Note.

1. Select the "Add" link.

The screenshot shows the "ASAM Admission Assessment Summary" form for "WFNJ SAI/BHI". On the left is a blue sidebar menu with options: Schedule Assessment, Schedule Followup, ASI, Immediate Need Profile, Care Coordination Plan, ASAM / PPL, Payment Authorization, Attendance, SAIClops Asmt Summary, and S'Clops CM Update Plans. The main form contains fields for Client Name (Jean Poole), WFNJ SAI/BHI # (60041502), Date of Review (9/8/2015), Date of Next Service Review, Name of Counselor, DSM Diagnostic Impression (with an "Add" link), Risk Rating (D1-D6), ASAM LOC (D1-D6), and Diagnostic Category (BH3. High Mental Disorder Only). A "Go Back" button is in the top right. An arrow points from the "Add" link in the DSM Diagnostic Impression field to the text "1. Select the 'Add' link."

The "Add Diagnostic Impression" pop-up appears.

This screenshot shows the same form as the previous one, but with the "Add Diagnostic Impression" pop-up window open. The pop-up has a title bar, a close button (X), a "Disorder" drop-down menu, a "Provisional" checkbox, and "Add" and "Close" buttons. An arrow points from the text "The 'Add Diagnostic Impression' pop-up appears." to the pop-up window. The background form is slightly dimmed.

2. Select a disorder from the "Disorder" drop-down. You can type in the first few letters of a disorder to help expedite your search in the drop-down.

3. Select the ICD-10-CM code from the drop-down that appears in the pop-up after choosing a disorder.

4. Select the "Provisional" check-box when there is insufficient information to make a firm diagnostic impression.

5. Select "Add" to add the diagnosis information to the ASAM Service Note.

You can add additional disorders to an ASAM Service Note but you must select "Add" after you complete your selections from the ICD-10-CM drop-down for each new disorder that you are adding. **The list of disorders must be entered in the order of greatest severity first on all ASAM Service Notes (and other documents).**

6. Select "Close" to close the pop-up window when you have finished adding the diagnoses to the ASAM Service Note. The diagnosis information will be permanently saved once you complete and save the ASAM Service Note by selecting the "Save" button at the bottom of the ASAM Service Note page.

Editing ICD-10 CM Codes

There is a “(Remove | Up | Down)” feature located on the ASAM data entry page that allows you to edit or adjust the order of the ICD-10-CM codes that were previously entered.

Click the “[Remove](#)” link to completely remove a disorder from the list of disorders/ICD-10-CM codes that you have selected on an ASAM Service Note. This option is useful if you find that the code that you entered was incorrect and needs to be completely deleted.

WFNJ SAI/BHI	
ASAM Level of Care Service Note	
Schedule Assessment Schedule Followup ASI Immediate Need Profile Care Coordination Plan ASAM / PPL Payment Authorization Attendance SAIClops Asmt Summary S'Clops CM Update Plans	<div>Service Review of: <input type="text"/></div> <div>Client Name: Jean Poole WFNJ SAI/BHI #: 60041502</div> <div>Date of Review: <input type="text"/> Date of Next Service Review: <input type="text"/></div> <div>Name of Counselor: <input type="text"/></div> <div>Diagnostic Impression: Alcohol abuse, uncomplicated, F10.10 (Remove Up Down) Opioid abuse, uncomplicated, F11.10 (Remove Up Down) Add</div>

The “[Up](#) | [Down](#)” links are to be used if you find that the list of ICD-10-CM codes is not in the correct order of severity. Simply select either the “[Up](#)” or “[Down](#)” link to move a disorder either one up or one down on the existing list. These links can be used as many times as needed to change the position of the selected disorder; for example, you would select the “[Up](#)” link twice to move the code up two spots.

Attendance SAIClops Asmt Summary S'Clops CM Update Plans	<div>Client Name: Jean Poole WFNJ SAI/BHI #: 60041502</div> <div>Date of Review: <input type="text"/> Date of Next Service Review: <input type="text"/></div> <div>Name of Counselor: <input type="text"/></div> <div>Diagnostic Impression: Opioid abuse, uncomplicated, F11.10 (Remove Up Down) Alcohol abuse, uncomplicated, F10.10 (Remove Up Down) Add</div>
--	---

The “([Remove](#) | [Up](#) | [Down](#))” feature is available on any unsaved ASAM Service Note or on the Assessment ASAM Summary as long as the current date is within 10 calendar days of the initial ASAM date. This features is only available for 2 days (minus weekends and holidays) for completed CSRs, Transfers, or Reassessment ASAM Services Notes.

Please remember to save your changes if you are modifying the disorders on an already ‘saved’ ASAM. If you do not select “Save” your changes will not be saved.

ASAM LOC Psychiatric Evaluation/Medication Monitoring

There are three checkboxes on the ASAM page, one of the three is labeled “Client needs a psychiatric evaluation,” and another is labeled “Client requires medication monitoring.” When one of these is checked, the system will automatically pre-approve the appropriate number of Z3356 units for the provider (10 or 3, respectively). These correct units will then print on the bottom of the ASAM Note. It is not necessary to manually add the Z3356 units to the preapprovals when either of these checkboxes has been checked. There is one exception to this rule; if a client is referred to **two different** providers after the **INITIAL** Assessment, the Care Coordinator **should NOT check the “Client requires a psychiatric evaluation” checkbox**. The 10 Z3356 units should be manually added to the preapprovals for the provider who is authorized to perform the psychiatric evaluation only.

D3) Emotional, Behavioral or Cognitive Conditions and Complications

☐ Client needs a psychiatric evaluation ☐ Psychiatric Evaluation Received ☐ Client requires medication monitoring

"Psychiatric Evaluation Received" Checkbox

Once the “Psychiatric Evaluation Received” box is selected then the “Client requires medication monitoring” will become available. If it is not selected, the medication monitoring checkbox will be ‘grayed out.’ You will not be permitted to pre-approve any medication monitoring units until the psychiatric evaluation has been received and this radio button is selected.

Additional ASAM Features

- If the client is not placed at the assessed level of care, it is mandatory to choose a reason why from this dropdown list. This documentation is extremely important and DFD wants to know the reasons why clients may not be placed at the assessed level of care.

ASAM Level Assessed: | ASAM Level Placed #1: | ASAM Level Placed #2: |

Reason why client was not placed at assessed level:

- Client on Waiting List for Appropriate Level of Care
- Client Preference
- Client Refused
- Family Responsibility
- Geographic Accessibility
- Language Barrier
- Provider Judgment
- Service Not Available

List medical justification

Client attends a work activity: ☐ Yes ☒ No | Client is working: ☐ Yes ☒ No | ☐ Client is homeless | ☐ Recession Affected

- Care Coordinators are to use the “Client is Homeless” checkbox (which is located at the bottom of the ASAM page) rather than the “Homeless” checkbox found in the “Client Information” screen. The CC will select this box if the client is truly homeless, using EA and resides at a shelter or motel, or is transient with no stable housing but may have a mailing address. The “Homeless” checkbox on the ASAM Note differs from the checkbox in the “Client Information” section, which tells the system that a client does not have a mailing address. The only time the “Homeless” checkbox is selected in the “Client Information” section is when there is no mailing address.

Client attends a work activity: ☐ Yes ☒ No | Client is working: ☐ Yes ☒ No | ☐ Client is homeless | ☐ Recession Affected

Recommended Service Plan and linkages based on problem areas stated above, include medical, psychiatric, dental, prenatal, housing, DV, trauma, etc. Include discharge plan (List names of recommended treatment providers for discharge planning):

- When placing a client in 3.7 you will receive the following message if you have not entered your reasons for placing the client at this LOC, while trying to save your ASAM Note.:

• Medical justification is required for Level 3.7. At least two of the six Dimensions meet 3.7 criteria, and at least one must be in Dimension 1, 2, or 3

The reasons/comments for placing the client at 3.7 are entered here:

PPLs And Preapprovals

After the ASAM Note has been generated, a PPL is created for the new or additional provider and/or LOC. The PPL provides the WFNJ SAI/BHI with a summary of several key data elements including the projected treatment start date, the treatment start date, the reason why the client did not start treatment, the discharge date and the reason for the client's discharge.

If a client is placed in more than one level of care at the same time, a separate PPL is created for each level of care.

To View A PPL Or Create A New PPL After The Client Has Been Referred To A Level Of Care:

- ✓ Search for a client and verify that you are in the client's current EOC.
- ✓ Select "Assessment" from the main menu bar.
- ✓ Select the "ASAM/PPL" menu option. The list of previously created PPLs is displayed.

#	ASAM Date	Next Review	Level Assessed	Level Placed	Assessment Type	Preapprovals	Actions
1	12/04/2015	01/04/2016	1	1	Assessment	Family Connections	
2	01/12/2016	02/12/2016	1	1	Reassessment	Family Connections	
3	03/04/2016	04/04/2016	1	1	Reassessment	RUBHC - Newark NN	

[New Service Review](#)

Provider	Placed	Tx Scheduled	Tx Enter	Tx Discharge	Preapprovals etc.
RUBHC - Newark NN (Nn0101)	1	03/04/2016	03/04/2016		03/04/2016 - 04/04/2016
Family Connections (7784601)	1	01/07/2016	01/07/2016	02/07/2016	01/07/2016 - 02/12/2016
Family Connections (7784601)	1	12/17/2015			12/14/2015 - 01/04/2016

[New PPL](#)

- ✓ If you want to view a PPL in detail, click on the treatment provider name for that PPL.

Reason Tx Did Not Start:

Projected Tx Start Date: Treatment Start Date:

Treatment Discharge Date: Discharge Reason:

Discharge Comment:

To create a new PPL:

- ✓ select “[New PPL](#)”.
- ✓ The PPL screen is displayed.

ASAM Next Level Level Assessment Type Preapprovals

Provider:

Schedule Date Of Admission:

ASAM Level:

- ✓ Select the appropriate Treatment Provider from the “Provider” dropdown.
- ✓ Enter the “Scheduled Date of Admission.” This is the date that you **expect** the client to begin attending treatment.
- ✓ Select the client’s ASAM placed LOC from the "ASAM Level" dropdown.

Provider:

Schedule Date Of Admission:

ASAM Level:

- ✓ Select “OK” to save and create the PPL.
- ✓ Your PPL is now created and you are ready to create your preapprovals.

Schedule Assessment
Schedule Followup
ASI
Immediate Need Profile
Care Coordination Plan
ASAM / PPL
Payment Authorization
Attendance
SAIClops Asmt Summary
S'Clops CM Update Plans

ASAM LOC

#	ASAM Date	Next Review	Level Assessed	Level Placed	Assessment Type	Preapprovals	Actions
1	03/18/2016	04/15/2016	1	1	Assessment	(None)	Delete

[New Service Review](#)

PATIENT PLACEMENTS

Provider	Placed	Tx Scheduled	Tx Enter	Tx Discharge	Preapprovals etc.
ARS Somers Point (0055123)	1	03/18/2016			(None)

[\[New PPL \]](#)
Save Successful

Important Note! Non-network providers appear in the provider list with “NN” at the end of the site name and Mental Health provider appear with “MH” at the end of the site name. For providers with non-network and MH levels of care at sites that also offer in-network services, a separate site has been created for the non-network or MH levels of care. You ARE required to issue preapprovals for NN providers but you ARE NOT required to issue preapprovals for MH providers. Although you are not required to enter pre-approvals for MH provider, you may certainly do so in order to allow the MH provider to view their clients' ASAM Notes or CAT reports on the Treatment Provider portal.

To Update A PPL After A Client Has Been Admitted To A Level Of Care:

- ✓ Search for a client and verify that you are in the client’s current EOC.
- ✓ Select “Assessment” from the main menu bar.
- ✓ Select the “ASAM/PPL” menu option.
- ✓ Select the treatment provider name for the PPL that you want to update.
- ✓ Enter the “Treatment Start Date.” This is the actual date of admission as reported by the treatment provider.

- ✓ Click “Save”

PATIENT PLACEMENTS					
Provider	Placed	Tx Scheduled	Tx Enter	Tx Discharge	Preapprovals
ARS Somers Point (0055123)	I	09/05/2014	09/05/2014		(None)
[New PPL]					

Important Note! For the following scenarios, you will not be permitted to enter a treatment start date until the first PPL has been discharged. This prevents the overlap of LOCs that should never be over-lapped at the same provider.

- (1) If the client is currently attending OP, but will be stepping up to IOP or PC, the OP PPL must be discharged before a Treatment Start date in the IOP or PC PPL can be entered.
- (2) If the client is currently attending IOP, but will be stepping up to PC, the IOP PPL must be discharged before a Treatment Start date in the PC PPL can be entered.
- (3) If the client is currently attending PC, but will be stepping down to IOP, the PC PPL must be discharged before a Treatment Start date in the IOP PPL can be entered.
- (4) If the client is currently attending IOP or PC, but will be stepping down to OP, the IOP or PC PPL must be discharged before a Treatment Start date in the OP PPL can be entered.
- (5) If the client is currently in 3.7 WM, the 3.7WM PPL must be discharged before entering a Treatment Start date in the 3.7 PPL.
- (6) If the client is currently in 3.7, the 3.7 PPL must be discharged before entering a Treatment Start date in the 3.7 WM PPL.

***Please note** that the system will allow you to have two OP LOC PPLs open at the same time as long as one of the providers is a Mental Health provider.

For Example:

This client is currently in treatment at the OP level of care (there is a treatment start date entered in the OP PPL).

[Schedule Assessment](#)
[Schedule Followup](#)
[ASI](#)
[Immediate Need Profile](#)
[Care Coordination Plan](#)
[ASAM / PPL](#)
[Payment Authorization](#)
[Attendance](#)
[SAIClops Asmt Summary](#)
[S'Clops CM Update Plans](#)

ASAM LOC

#	ASAM Date	Next Review	Level Assessed	Level Placed	Assessment Type	Preapprovals	Actions
1	03/18/2016	04/15/2016	1	1	Assessment	ARS Somers Point	
2	04/11/2016	05/11/2016	2.1	2.1	CSR with ARS Somers Point	ARS Somers Point	Transfer

[New Service Review](#)

PATIENT PLACEMENTS

Provider	Placed	Tx Scheduled	Tx Enter	Tx Discharge	Preapprovals etc.
ARS Somers Point (0055123)	2.1	04/11/2016			04/11/2016 - 05/11/2016
ARS Somers Point (0055123)	1	03/18/2016	03/18/2016		03/18/2016 - 04/10/2016

[\[New PPL \]](#)

This client is stepping up to IOP at the same provider. An IOP PPL and IOP preapprovals have been created.

If you try to save a Treatment Start date in the IOP PPL without closing the OP PPL:

Reason Tx Did Not Start:

Projected Tx Start Date: **Treatment Start Date:**

Treatment Discharge Date: **Discharge Reason:**

Discharge Comment:

This message appears:

[Schedule Assessment](#)
[Schedule Followup](#)
[ASI](#)
[Immediate Need Profile](#)
[Care Coordination Plan](#)
[ASAM / PPL](#)
[Payment Authorization](#)
[Attendance](#)
[SAIClops Asmt Summary](#)
[S'Clops CM Update Plans](#)

ASAM LOC

#	ASAM Date	Next Review	Level Assessed	Level Placed	Assessment Type	Preapprovals	Actions
1	03/18/2016	04/15/2016	1	1	Assessment	ARS Somers Point	
2	04/11/2016	05/11/2016	2.1	2.1	CSR with ARS Somers Point	ARS Somers Point	Transfer

[New Service Review](#)

PATIENT PLACEMENTS

Overlapping levels found, update fails.

Provider	Placed	Tx Scheduled	Tx Enter	Tx Discharge	Preapprovals etc.
ARS Somers Point (0055123)	2.1	04/11/2016			04/11/2016 - 05/11/2016
ARS Somers Point (0055123)	1	03/18/2016	03/18/2016		03/18/2016 - 04/10/2016

[\[New PPL \]](#)

To Update The PPL When The Client Is Discharged From One Level Of Care Or From A Provider:

- ✓ Select "ASAM/PPL".
- ✓ Select the treatment provider name for the PPL that you want to update.
- ✓ Enter the "Treatment Discharge Date".

The screenshot shows a web form for updating a Patient Placement (PPL). The form includes fields for 'Reason Tx Did Not Start', 'Projected Tx Start Date' (3/18/2016), 'Treatment Start Date' (3/18/2016), 'Treatment Discharge Date' (4/10/2016), and 'Discharge Reason'. The 'Discharge Reason' dropdown menu is open, displaying a list of reasons. The 'Discharge Comment' field is also visible.

Reason Tx Did Not Start:	Projected Tx Start Date:	Treatment Start Date:	Treatment Discharge Date:	Discharge Reason:	Discharge Comment:
	3/18/2016	3/18/2016	4/10/2016	Administrative Discharge Client Unsuccessful - Refused Additional Treatment Deceased Employed/Full-Time Work Activity Client Unsuccessful - Transferred to More Intensive LOC Incarcerated Client Unsuccessful - Transferred to Less Intensive LOC Medical Condition or Hospitalized Not SAI/BHI/Medicaid Eligible Lack of Provider Reporting Refused to Complete or Failed Level I EE Successful Discharge (No Transfer Recommended) Successful Discharge - Transferred to Less Intensive LOC Transferred to New Provider at Same LOC	

- ✓ Select the reason why the client was discharged from the mandatory drop-down.
- ✓ Comments can be entered in the "Discharge Comment" box.
- ✓ Click "Save."

PATIENT PLACEMENTS					
Provider	Placed	Tx Scheduled	Tx Enter	Tx Discharge	Preapprovals etc.
ARS Somers Point (0055123)	2.1	04/11/2016			04/11/2016 - 05/11/2016
ARS Somers Point (0055123)	1	03/18/2016	03/18/2016	04/10/2016	03/18/2016 - 04/10/2016

[\[New PPL \]](#)

Preapprovals

Preapprovals must be generated and correspond with the most recent ASAM LOC Note.

Preapprovals are "linked" to a particular treatment provider and LOC. It is necessary for a PPL to be created before a preapproval can be added to the ASAM LOC Note. After completing and saving an ASAM LOC Note (Assessment, CSR with Provider, Transfer to New Provider, or Client Reassessment) and the PPL, preapprovals should be generated for services to be provided by the treatment provider. **As previously mentioned, you are NOT required to issue preapprovals for MH providers however, you ARE required to issue preapprovals for NN providers.**

Creating preapprovals or treatment services:

- ✓ After ensuring that a PPL for the correct provider and LOC is in Atlantis, click on the "[None](#)" link on the ASAM screen located in the "Preapprovals" column, which is on the same row as the ASAM LOC Note you just created. You should only be creating preapprovals that coincide with the client's placed LOC, and also the provider where the client is scheduled to begin treatment.

Note! The PPL line will be highlighted in yellow when preapprovals have not yet been created.

[Schedule Assessment](#)
[Schedule Followup](#)
[ASI](#)
[Immediate Need Profile](#)
[Care Coordination Plan](#)
[ASAM / PPL](#)
[Payment Authorization](#)
[Attendance](#)
[SAIClops Asmt Summary](#)
[S'Clops CM Update Plans](#)

ASAM LOC

#	ASAM Date	Next Review	Level Assessed	Level Placed	Assessment Type	Preapprovals	Actions
1	03/18/2016	04/15/2016	1	1	Assessment	ARS Somers Point	
2	04/11/2016	05/11/2016	2.1	2.1	CSR with ARS Somers Point	ARS Somers Point	Transfer
3	04/13/2016	05/06/2016	2.5	2.5	Reassessment	(None)	Transfer Delete

[New Service Review](#)

PATIENT PLACEMENTS

Provider	Placed	Tx Scheduled	Tx Enter	Tx Discharge	Preapprovals etc.
New Horizon Treatment Services, Inc. (7603606)	2.5	04/13/2016			(None)
ARS Somers Point (0055123)	2.1	04/11/2016	04/11/2016	04/12/2016	04/11/2016 - 05/11/2016
ARS Somers Point (0055123)	1	03/18/2016	03/18/2016	04/10/2016	03/18/2016 - 04/10/2016

[\[New PPL \]](#)
Save Successful

- ✓ On the "ASAM Preapproval" screen, check the box next to the provider and ASAM Note that requires preapprovals. The "From" and "To" dates have been pre-filled for you. Confirm that the dates are accurate. Edit if necessary.
- ✓ Select the number of days per week at this Level of Care. If you do not make a selection from the dropdown, the system will automatically pre-approve services at a pre-determined value for that specific LOC. See below for more information regarding this subject.

[Schedule Assessment](#)
[Schedule Followup](#)
[ASI](#)
[Immediate Need Profile](#)
[Care Coordination Plan](#)
[ASAM / PPL](#)
[Payment Authorization](#)
[Attendance](#)
[SAIClops Asmt Summary](#)
[S'Clops CM Update Plans](#)

[Go Back](#)

ASAM PREAPPROVAL

ASAM Date:	4/13/2016
Assessed Level:	2.5
Assessment Type:	Reassessment

PRE APPROVE SERVICES FOR

Select	Provider	Level	Days/week	Scheduled	Tx Enter	Tx Discharge
<input checked="" type="checkbox"/>	New Horizon Treatment Services, Inc.	2.5		4/13/2016		

From: 4/13/2016 To: 5/6/2016

[Authorize Services](#)

PRE APPROVED SERVICES

[Print](#)

- ✓ Select "Authorize Services" to authorize preapprovals for the client.

[Schedule Assessment](#)
[Schedule Followup](#)
[ASI](#)
[Immediate Need Profile](#)
[Care Coordination Plan](#)
[ASAM / PPL](#)
[Payment Authorization](#)
[Attendance](#)
[SAIClops Asmt Summary](#)
[S'Clops CM Update Plans](#)

[Go Back](#)

ASAM PREAPPROVAL

ASAM Date:	4/13/2016
Assessed Level:	2.5
Assessment Type:	Reassessment

PRE APPROVE SERVICES FOR

Select	Provider	Level	Days/week	Scheduled	Tx Enter	Tx Discharge
<input checked="" type="checkbox"/>	New Horizon Treatment Services, Inc.	2.5	<div style="border: 1px solid black; padding: 2px;">▼</div>	4/13/2016		

From: To:

[\[Authorize Services \]](#)

PRE APPROVED SERVICES

Provider	Level Placed	Tx Scheduled	Tx Enter	Preapprove From	Preapprove To	Services Authorized	
New Horizon Treatment Services, Inc.	2.5	4/13/2016		4/13/2016	4/30/2016	Z3344 Z3358	Delete
New Horizon Treatment Services, Inc.	2.5	4/13/2016		5/1/2016	5/6/2016	Z3344 Z3358	Delete

- ✓ Click on the service codes link to view the number of units for each service that has been preapproved. You can edit/adjust or add service codes on this screen. If units need to be adjusted you must delete the existing line, choose the Z code from the drop-down, and then enter the number of units that are needed for the authorized “**From**” and “**To**” date period. To add units for a Z code that did not auto-fill choose the Z code from the drop down and enter the number of units for the authorized “**From**” and “**To**” date period. Just select “Add” and then “Close” when you are finished.

Important Note! – Z3356 (psych testing) units **will not** appear on this list of preapproved units if either the psychiatric or medication monitoring checkboxes have been checked in the ASAM screen but they **will appear** on the printed form. Remember, if either checkbox has been checked you do not need to manually enter the Z3356 units here because the system has already preapproved the units.

There is one exception, if during a service period, Z3356 (psych testing) units were preapproved due to one of the checkboxes being checked, and it is necessary to add additional Z3356 units to this same preapproval month for 3 medication monitoring units, you would need to approve the **total** number of Z3356 units here. In other words, if a client is preapproved for a psychiatric evaluation (the “Client needs psychiatric evaluation” checkbox has been checked on the ASAM page), but then it is determined that the client also needs medication monitoring before the next review is due, you would approve a total of 13 Z3356 units (10 for the evaluation and 3 for medication monitoring totally 13 units within the same preapproval range).

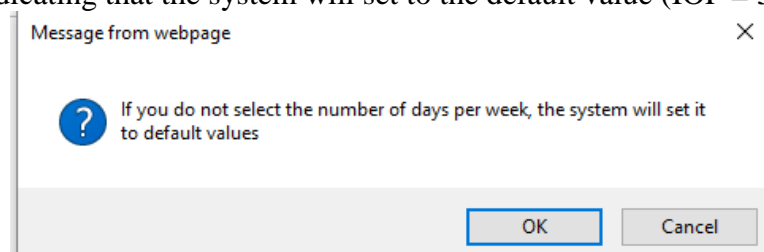
If a client is attending two different levels of care at the same provider, there should be two PPLs, one for each LOC. Preapprovals should be created for each of these PPLs. The system will automatically pre-approve the correct services and number of Z codes for both PPLs. **Always verify the accuracy of the preapprovals after they have been created. There should be no gaps (missing days) in the preapproval coverage unless the CSR was conducted late due to the provider calling after the grace period.**

Important CSR Reminders

- Although there is a 2-day and 5-day grace period for the provider to call to conduct a CSR and not have a gap in preapprovals, Atlantis has a 14-day (calendar days) CSR entry window from the due date of the CSR. For example, if a CSR was due on 3/2/15, and the provider called on 3/6/15 the CC has the ability to enter the CSR. If phone-tagging took longer than 14 days, and the CSR was conducted on 3/17/14, the CC will not be permitted to enter the CSR and an administrative override will be needed to enter the CSR and preapprovals.
- If the CC is not available to conduct a CSR when the provider calls, the CC must make every attempt to call the provider back to conduct a CSR as soon as possible. Phone-tagging should never go beyond 7-10 calendar days. In the event that a CC is on vacation, medical leave, or will be out of the office for an extended period of time, the LCC is responsible to return all calls to the provider to conduct the CSRs.
- Once the CSR has been conducted, the CC will have two business days to enter it into Atlantis with the corresponding preapprovals. All attempts should be made to enter the CSR in real-time while on the phone with the provider. In the event that a CSR is conducted and the CC is not near a computer to enter the CSR, it must be entered within 2 business days or they will be locked out and prevented from entering the CSR. Weekends and holidays are excluded but not CC scheduled days off (SDO) for each CC; the CC will have two business days to enter the CSR and preapprovals. If phone-tagging occurred and the CSR was conducted on the 14th day from the due date of the CSR, the CC will still have two business days to enter the CSR.
- The “Date of Review” must be the actual date that the CSR was conducted, which is why the CC will have only two business days to enter it once they have spoken with the provider. **The CC must never enter a false date for the “Date of Review” in order to stay within the 14-day entry window, the date must be the actual date that the CSR was conducted with the provider. The senior staff on good faith trust that CCs will be honest with their reporting requirements in order for us to maintain the integrity of the data we are collecting to track provider compliance and to report our findings to DFD.**

Important Preapproval Reminders

- If a client is attending treatment at two different providers then there should be PPLs and preapprovals created for both because there must be a corresponding Payment Authorizations (PA) created for each provider.
- When creating preapprovals you must select the number of days per week or you will get a pop-up indicating that the system will set to the default value (IOP = 3x/week, PC 4x/week).



- For OMT and HH clients, the system automatically completes the preapprovals for 7 days per week when clicking the “auto fill” button. (The system will adjust for 30 or 31 days as well as for periods that cover half the month.)
- Service periods should rarely exceed one month, but may overlap months. Preapprovals must be created for each month within the service period so that PAs can be created for each month. **Preapprovals should begin on the date that the ASAM CSR was completed within the grace period, or on the date that the provider called beyond the grace period, and they should end on the date that the next CSR is due.**

Important Note! For the OMT LOC, please note that both OP-Half and OP-Full is auto filled. Each OMT provider offers different services, some offer OP-FUL and some OP-HAF, the CC must ask what services are provided in order for the preapprovals to be accurate.

OP-Half auto-fills with 12 units per month: 1 each week for counseling, 1 for UDS and 1 for attendance/employment-directed counseling. OP-Full fills in 4 units for the month or 1 per week.

The CC must change the preapproved units for OP-Half and OP-Full based on the clinical services that the client is actually preapproved to receive at a particular OMT provider. For example, if the client is attending OP-Full as opposed to OP-Half, the CC must manually adjust the preapprovals by deleting the OP-Half units and re-entering 8 OP-Half units for reporting/employment-directed counseling. If the client is attending OP-Half, delete the OP-Full and nothing needs to be re-entered.

For all other levels of care, the CC must choose how many days per week the client is attending from the drop-down, click “auto fill,” and the system will translate the number of days per week into the correct units for the month. OMT and HH are already set to calculate 7 days per week; you must choose the number of days per week for the second level of care.

- Employment Directed Counseling units are pre-approved for the provider as an incentive to comply with the mandatory reporting requirements and to also address work readiness with the clients. Preapprovals should include one unit of Z3358 (OP-HAF) in anticipation of attendance reporting and an additional unit of Z3358 (OP-HAF) in anticipation of UDS results reporting for each full week covered by the preapproval.
- Preapprovals should be revised if a new service is requested by the provider and approved by the Care Coordinator.

It is mandatory for the providers to administer at least one UDS for each client each week at all levels of care with the exception of 3.7WM and 3.7. Clients receiving monthly methadone take-home bottles should have one UDS per month. The CC is responsible for monitoring reported attendance and UDS results.

If a client is transferred to a different LOC and remaining at the same provider, before the next CSR is due, it may be necessary to manually adjust units; **remember, always verify the accuracy of the preapprovals after they have been created. There should be no gaps (missing days) in the preapproval coverage unless the CSR was conducted late due to the provider calling after the grace period.**

How To Manually Adjust Preapprovals

After authorizing preapprovals you may see this error message. This message was designed to alert you to the fact that certain Z Codes, Z3358 units in the example below, were **previously** approved for the same period. When you see this message, please review your preapprovals from the previous period and manually adjust the number of Z Codes that were preapproved for the **current** period.

From: 9/10/2014 To: 10/9/2014
[\[Authorize Services\]](#)
Please adjust the preapproval for the overlapping (Z3358.) that were previously approved for this service period.

PRE APPROVED SERVICES

Provider	Level Placed	Tx Scheduled	Tx Enter	Preapprove From	Preapprove To	Services Authorized	
New Horizon Treatment Services, Inc.	II.1	9/10/2014		9/10/2014	9/30/2014	Z3346	Delete
New Horizon Treatment Services, Inc.	II.1	9/10/2014		10/1/2014	10/9/2014	Z3346	Delete

[Print](#)

For this example, we are adding **2 Z3358** units to the IOP preapprovals to cover additional days that were not currently covered.

- ✓ Click on the Z code link for the preapproval period that needs to be adjusted.
- ✓ Add the additional 2 Z3358 units, then select "Add" and "Close" to save your changes.

OP-HAF-Z3358 Units: 2 [Add](#)

#	Code	Units	Del?
1	IOP-Z3346	9	[x]

[Close](#)

Code List Units: [Add](#)

#	Code	Units	Del?
1	IOP-Z3346	9	[x]
2	OP-HAF-Z3358	2	[x]

[Close](#)

PRE APPROVE SERVICES FOR

Select	Provider	Level Days/week	Scheduled	Tx Enter	Tx Discharge
<input type="checkbox"/>	New Horizon Treatment Services, Inc.	II.1	9/20/2014		

From: 9/20/2014 To: 10/19/2014
[\[Authorize Services\]](#)

PRE APPROVED SERVICES

Provider	Level Placed	Tx Scheduled	Tx Enter	Preapprove From	Preapprove To	Services Authorized	
New Horizon Treatment Services, Inc.	II.1	9/20/2014		9/20/2014	9/30/2014	Z3346	Delete
New Horizon Treatment Services, Inc.	II.1	9/20/2014		10/1/2014	10/19/2014	Z3346,Z3358	Delete

[Print](#)

Adjusting Preapprovals For An Early CSR (Client Remains At The Same LOC)

If a CSR is conducted prior to the "Next Review" date, it will be necessary to adjust the **ASAM Preapproval "From" date** to avoid an overlap with the previous preapproval. Remember, the system will not approve units that have already been approved for the same time period. The following client is currently in treatment at the IOP level of care (there is a treatment start date entered in the IOP PPL). The CSR is not due until 10/9/14.

ASAM LOC

#	ASAM Date	Next Review	Level Assessed	Level Placed	Assessment Type	Preapprovals	Actions
1	09/05/2014	10/04/2014	II.1/OMT	OMT / II.1	Assessment	(None)	
2	09/10/2014	10/09/2014	II.1	II.1	Reassessment	(None)	Delete
3	09/10/2014	10/09/2014	II.1	II.1	Transfer	ARS Somers Point	
4	10/04/2014	11/03/2014	II.1	II.1	CSR with ARS Somers Point	(None)	Transfer Delete

[New Service Review](#)

PATIENT PLACEMENTS

Provider	Placed	Tx Scheduled	Tx Enter	Tx Discharge	Preapprovals
ARS Somers Point (0055123)	II.1	09/10/2014	09/10/2014		09/10/2014 - 10/09/2014

[New PPL]

As a result of the CSR with the provider, it was determined that this client is to remain in IOP. Please note that the CSR was done six days early (10/4/14 instead of 10/9/14).

You will receive the following error message while trying to create the preapprovals for this new service period because there is an overlap of six days with the previous preapproval.

Select	Provider	Level Days/week	Scheduled	Tx Enter	Tx Discharge
<input checked="" type="checkbox"/>	ARS Somers Point	II.1 3	9/10/2014	9/10/2014	

From: To:

[\[Authorize Services \]](#)

Please adjust the preapproval for the overlapping (Z3346,Z3358.) that were previously approved for this service period.

Provider	Level Placed	Tx Scheduled	Tx Enter	Preapprove From	Preapprove To	Services Authorized	
ARS Somers Point	II.1	9/10/2014	9/10/2014	11/1/2014	11/3/2014	Z3346,Z3358	Delete

You must adjust the ASAM Preapproval "From" date so that it is the date following the "Next Review Date" of the previous ASAM. (For this example, this "From" date is changed to 10/10/14 which is the day after the "Next Review Date" of 10/9/14.) After changing the "From" date, you will see that the preapprovals can be successfully created without a gap in coverage because there is no overlap in preapproved services.

Select	Provider	Level Days/week	Scheduled	Tx Enter	Tx Discharge
<input checked="" type="checkbox"/>	ARS Somers Point	II.1 3	9/10/2014	9/10/2014	

From: To:

[\[Authorize Services \]](#)

Provider	Level Placed	Tx Scheduled	Tx Enter	Preapprove From	Preapprove To	Services Authorized	
ARS Somers Point	II.1	9/10/2014	9/10/2014	10/10/2014	10/31/2014	Z3346,Z3358	Delete
ARS Somers Point	II.1	9/10/2014	9/10/2014	11/1/2014	11/3/2014	Z3346,Z3358	Delete

Extending Preapprovals

It is possible to approve additional units for a LOC if a CSR is completed and it is determined that the client will be transferring to a new LOC with the same provider but remain at the current LOC for up to an additional 5 days before starting the new LOC.

For Example:

This client is currently in IOP treatment. The client started treatment on 10/17/14.

GAAS Last Cash Date is 10/31/2014.

ASAM LOC

#	ASAM Date	Next Review	Level Assessed	Level Placed	Assessment Type	Preapprovals	Actions
1	08/28/2014	09/30/2014	I	I	Assessment	(None)	
2	10/17/2014	10/31/2014	II.1	II.1	Reassessment	New Horizon Treatment Services, Inc.	Transfer

[New Service Review](#)

PATIENT PLACEMENTS

Provider	Placed	Tx Scheduled	Tx Enter	Tx Discharge	Preapprovals etc.
New Horizon Treatment Services, Inc. (7603606)	II.1	10/17/2014	10/17/2014		10/17/2014 - 10/31/2014
Ocean Mental Health - Bayville MH (MH 00144)	I	10/31/2014			(None)

[\[New PPL \]](#)

The CSR was done two days earlier than the scheduled review date and it was determined that the client will remain in IOP for an additional 3 days (11/1 thru 11/3/14). The client is then scheduled to start Partial Care treatment at the same provider on 11/4/14 after completing the additional time at the current LOC.

GAAS Last Cash Date is 10/31/2014.

ASAM LOC

#	ASAM Date	Next Review	Level Assessed	Level Placed	Assessment Type	Preapprovals	Actions
1	08/28/2014	09/30/2014	I	I	Assessment	(None)	
2	10/17/2014	10/31/2014	II.1	II.1	Reassessment	New Horizon Treatment Services, Inc.	Transfer
3	10/29/2014	11/28/2014	II.5	II.5	CSR with New Horizon Treatment Services, Inc.	(None)	Transfer Delete

[New Service Review](#)

PATIENT PLACEMENTS

Provider	Placed	Tx Scheduled	Tx Enter	Tx Discharge	Preapprovals etc.
New Horizon Treatment Services, Inc. (7603606)	II.5	11/04/2014			(None)
New Horizon Treatment Services, Inc. (7603606)	II.1	10/17/2014	10/17/2014	11/03/2014	10/17/2014 - 10/31/2014
Ocean Mental Health - Bayville MH (MH 00144)	I	10/31/2014			(None)

[New PPL]

A “Treatment Discharge” date has been entered into the PPL for the first LOC. The discharge date must be entered and fall within 5 days of the new CSR ASAM date in order for the “Reauthorize Services” feature to be available.

The IOP services for 11/1 through 11/3/14 can now be approved.

Click on this link to approve the IOP units for the additional days that the client is to remain in IOP. Up to 5 additional days are allowed.

GAAS Last Cash Date is 10/31/2014.

ASAM LOC

#	ASAM Date	Next Review	Level Assessed	Level Placed	Assessment Type	Preapprovals	Actions
1	08/28/2014	09/30/2014	I	I	Assessment	(None)	
2	10/17/2014	10/31/2014	II.1	II.1	Reassessment	New Horizon Treatment Services, Inc.	Transfer
3	10/29/2014	11/28/2014	II.5	II.5	CSR with New Horizon Treatment Services, Inc.	(None)	Transfer Delete

[New Service Review](#)

PATIENT PLACEMENTS

Provider	Placed	Tx Scheduled	Tx Enter	Tx Discharge	Preapprovals etc.
New Horizon Treatment Services, Inc. (7603606)	II.5	11/04/2014			(None)
New Horizon Treatment Services, Inc. (7603606)	II.1	10/17/2014	10/17/2014	11/03/2014	10/17/2014 - 10/31/2014
Ocean Mental Health - Bayville MH (MH 00144)	I	10/31/2014			(None)

[\[New PPL \]](#)

The following screen will be displayed.:

ASAM PREAPPROVAL
[\[Print Universal Admission Letter \]](#)

Provider:	New Horizon Treatment Services, Inc.		
Placed:	II.1		
Tx Scheduled:	10/17/2014		
Tx Enter:	10/17/2014	Tx Discharge:	11/3/2014
#Days per week:	<input type="text" value="3"/>		

[\[Re Authorize Services \]](#)

ASAM Date	Assessed Level	Preapprove From	Preapprove To	Services Authorized	
10/17/2014	II.1	10/17/2014	10/31/2014	Z3346.Z3358	Delete

Select “[Re-Authorize Services](#)” and choose the “# of Days per week” if applicable.

The additional three days have been approved. Please note that the last preapproval date is the same date as the PPL discharge date.

ASAM PREAPPROVAL
[\[Print Universal Admission Letter \]](#)

Provider:	New Horizon Treatment Services, Inc.		
Placed:	II.1		
Tx Scheduled:	10/17/2014		
Tx Enter:	10/17/2014	Tx Discharge:	11/3/2014
#Days per week:	<input type="text" value="3"/>		

[\[Re Authorize Services \]](#)

ASAM Date	Assessed Level	Preapprove From	Preapprove To	Services Authorized	
10/17/2014	II.1	10/17/2014	10/31/2014	Z3346.Z3358	Delete
10/17/2014	II.1	11/1/2014	11/3/2014	Z3346.Z3358	Delete

The system allows you the flexibility of adding additional units for a LOC if a new CSR has not been conducted but it was been determined that the client will need to remain at the current LOC for up to an additional 3 days to complete that level of care.

For Example:

This client's next review date is 10/22/14.

GAAS Last Cash Date is 07/31/2014.

ASAM LOC

#	ASAM Date	Next Review	Level Assessed	Level Placed	Assessment Type	Preapprovals	Actions
1	08/21/2014	10/01/2014	I	I	Assessment	The Passion Care Center	
2	09/15/2014	10/22/2014	II.1	II.1	CSR with The Passion Care Center	(None)	Delete
3	09/15/2014	10/22/2014	II.1	II.1	Transfer	The Passion Care Center	

[New Service Review](#)

PATIENT PLACEMENTS

Provider	Placed	Tx Scheduled	Tx Enter	Tx Discharge	Preapprovals etc.
The Passion Care Center (0403539)	II.1	09/15/2014	09/15/2014		09/15/2014 - 10/22/2014
The Passion Care Center (0403539)	I	08/27/2014	08/27/2014	09/14/2014	08/21/2014 - 09/14/2014

[\[New PPL \]](#)

A new CSR has not been completed but the client needs to remain in IOP for 3 more days to finish treatment. In this instance, select the PreApproval link for the latest ASAM Note to access the ASAM Preapproval page.

Notice that the current preapprovals end on 10/22/14.

[Go Back](#)

ASAM PREAPPROVAL

ASAM Date:	9/15/2014
Assessed Level:	II.1
Assessment Type:	Transfer

PRE APPROVE SERVICES FOR

Select	Provider	Level	Days/week	Scheduled	Tx Enter	Tx Discharge
<input type="checkbox"/>	The Passion Care Center	II.1	▼	9/15/2014	9/15/2014	

From: [9/15/2014](#) To: [10/22/2014](#)

[\[Authorize Services \]](#)

PRE APPROVED SERVICES

Provider	Level Placed	Tx Scheduled	Tx Enter	Preapprove From	Preapprove To	Services Authorized	
The Passion Care Center	II.1	9/15/2014	9/15/2014	9/15/2014	9/30/2014	Z3346 Z3358	Delete
The Passion Care Center	II.1	9/15/2014	9/15/2014	10/1/2014	10/22/2014	Z3346	Delete

[Print](#)

Change the "From" and "To" dates to reflect the three additional days that the client is to remain in IOP and also select the Provider by checking the PPL checkbox. The "From" date is changed to 10/23/14, the date after the current preapproval period of 9/15/14 thru 10/22/14, and the "To" date is changed to 10/25/14 to allow for the creation of three days of preapprovals, 10/23/14 thru 10/25/14.

[Go Back](#)

ASAM PREAPPROVAL

ASAM Date:	9/15/2014
Assessed Level:	II.1
Assessment Type:	Transfer

PRE APPROVE SERVICES FOR

Select	Provider	Level	Days/week	Scheduled	Tx Enter	Tx Discharge
<input checked="" type="checkbox"/>	The Passion Care Center	II.1	<input type="button" value="v"/>	9/15/2014	9/15/2014	

From: 10/23/2014 To: 10/25/2014

[\[Authorize Services \]](#)

PRE APPROVED SERVICES

Provider	Level Placed	Tx Scheduled	Tx Enter	Preapprove From	Preapprove To	Services Authorized	
The Passion Care Center	II.1	9/15/2014	9/15/2014	9/15/2014	9/30/2014	Z3346,Z3358	Delete
The Passion Care Center	II.1	9/15/2014	9/15/2014	10/1/2014	10/22/2014	Z3346	Delete

[Print](#)

Select "Authorize Services".

[Go Back](#)

ASAM PREAPPROVAL

ASAM Date:	9/15/2014
Assessed Level:	II.1
Assessment Type:	Transfer

PRE APPROVE SERVICES FOR

Select	Provider	Level	Days/week	Scheduled	Tx Enter	Tx Discharge
<input checked="" type="checkbox"/>	The Passion Care Center	II.1	<input type="button" value="v"/>	9/15/2014	9/15/2014	

From: 10/23/2014 To: 10/25/2014

[\[Authorize Services \]](#)

PRE APPROVED SERVICES

Provider	Level Placed	Tx Scheduled	Tx Enter	Preapprove From	Preapprove To	Services Authorized	
The Passion Care Center	II.1	9/15/2014	9/15/2014	9/15/2014	9/30/2014	Z3346,Z3358	Delete
The Passion Care Center	II.1	9/15/2014	9/15/2014	10/1/2014	10/22/2014	Z3346	Delete
The Passion Care Center	II.1	9/15/2014	9/15/2014	10/23/2014	10/25/2014	Z3346,Z3358	Delete

[Print](#)

The IOP units have been approved for the three additional days.

PLEASE REVIEW EACH PREAPPROVAL TO ENSURE THAT ALL UNITS ARE ACCURATE AND SPAN THE CORRECT TIMEFRAME! THERE SHOULD BE NO GAPS (MISSING DAYS) IN THE PREAPPROVAL COVERAGE UNLESS THE CSR WAS CONDUCTED LATE BECAUSE THE PROVIDER DID NOT CALL WITHIN THE GRACE PERIOD.

Printing An ASAM LOC Service Note With Preapprovals

- ✓ Search for a client and verify that you are in the client's current EOC.
- ✓ Select "Assessment" from the main menu bar.
- ✓ Select the "ASAM/PPL" menu option.
- ✓ Select the Treatment Provider name for the preapprovals that you want to print.

[Schedule Assessment](#)
[Schedule Followup](#)
[ASI](#)
[Immediate Need Profile](#)
[Care Coordination Plan](#)
[ASAM / PPL](#)
[Payment Authorization](#)
[Attendance](#)
[SAIClops Asmt Summary](#)
[S'Clops CM Update Plans](#)

ASAM LOC

#	ASAM Date	Next Review	Level Assessed	Level Placed	Assessment Type	Preapprovals	Actions
1	03/18/2016	04/15/2016	1	1	Assessment	ARS Somers Point	
2	04/11/2016	05/11/2016	2.1	2.1	CSR with ARS Somers Point	ARS Somers Point	Transfer
3	04/13/2016	05/06/2016	2.5	2.5	Reassessment	New Horizon Treatment Services, Inc.	Transfer

[New Service Review](#)

PATIENT PLACEMENTS

Provider	Placed	Tx Scheduled	Tx Enter	Tx Discharge	Preapprovals etc.
New Horizon Treatment Services, Inc. (7603606)	2.5	04/13/2016			04/13/2016 - 05/06/2016
ARS Somers Point (0055123)	2.1	04/11/2016	04/11/2016	04/12/2016	04/11/2016 - 05/11/2016
ARS Somers Point (0055123)	1	03/18/2016	03/18/2016	04/10/2016	03/18/2016 - 04/10/2016

[\[New PPL \]](#)

- ✓ Select "Print."

[Schedule Assessment](#)
[Schedule Followup](#)
[ASI](#)
[Immediate Need Profile](#)
[Care Coordination Plan](#)
[ASAM / PPL](#)
[Payment Authorization](#)
[Attendance](#)
[SAIClops Asmt Summary](#)
[S'Clops CM Update Plans](#)

[Go Back](#)

ASAM PREAPPROVAL

ASAM Date:	4/13/2016
Assessed Level:	2.5
Assessment Type:	Reassessment

PRE APPROVE SERVICES FOR

Select	Provider	Level	Days/week	Scheduled	Tx Enter	Tx Discharge
<input type="checkbox"/>	New Horizon Treatment Services, Inc.	2.5	▼	4/13/2016		

From: To:

[\[Authorize Services \]](#)

PRE APPROVED SERVICES

Provider	Level Placed	Tx Scheduled	Tx Enter	Preapprove From	Preapprove To	Services Authorized	
New Horizon Treatment Services, Inc.	2.5	4/13/2016		4/13/2016	4/30/2016	Z3344.Z3358	Delete
New Horizon Treatment Services, Inc.	2.5	4/13/2016		5/1/2016	5/6/2016	Z3344.Z3358	Delete

[Print](#)

Attendance And Urine Drug Screens (UDS) (Entered by the PA Unit)

- ✓ Search for a client and verify that you are in the client's current EOC.
- ✓ From the main menu choose "Assessment" and then click on "Attendance."
- ✓ Select the Provider from the drop down for which the attendance information is to be entered.
- ✓ A calendar for the current month will appear and the attendance that has been previously entered will appear on the calendar. You can change the month in the drop down to view previous months of attendance.
- ✓ Attendance can only be entered on days/weeks highlighted in 'Yellow'. Days that are 'White' indicate that the client either was not in treatment, yet, or the date is in the future (see below). For example, this client started treatment on 3/18 but no attendance can be entered for 2/29-3/17 because that is before the treatment start date.
- ✓ The current level of care is noted on the left hand side of the screen.

Level	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours
	Feb 29	01	02	03	04	05	06	
	07	08	09	10	11	12	13	
<input type="radio"/>	14	15	16	17	18	19	20	
<input type="radio"/>	21	22	23	24	25	26	27	
<input type="radio"/>	28	29	30	31	Apr 01	Apr 02	Apr 03	

- ✓ Use the radio button to select the week for which the attendance is being recorded.
- ✓ If the client is starting mid-week as in the example below, the days the client is not in treatment are red, the days that attendance must be entered are in green. Attendance is entered into the blue box for each day and you can tab through the week. The only acceptable entries are **P** (present), **A** (absent), **S** (sick), **H** (holiday), **E** (excused), **N** (not scheduled) or **X** (attendance not received).

~ For days that fall before or after the treatment dates, only X's should be entered.

- ✓ Enter the total number of hours the client attended treatment during the week.

Schedule Assessment
 Schedule Followup
 ASI
 Immediate Need Profile
 Care Coordination Plan
 ASAM / PPL
 Payment Authorization
Attendance
 SAIClops Asmt Summary
 S'Clops CM Update Plans

ATTENDANCE

ARS Somers Point ▾

Year: 2016 ▾
Month: March ▾

Level	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours
	Feb 29	01	02	03	04	05	06	
	07	08	09	10	11	12	13	
I ●	X	X	X	X	P	N	20	3
I ●	21	22	23	24	25	26	27	
I ●	28	29	30	31	Apr 01	Apr 02	Apr 03	

Service Code	3/14/2016
OP-INT-Z3333	1
PC-Z3344	
IOP-Z3346	
OP-FAM-Z3348	
OP-Z3349	
RX-Z3353	
OP-FUL-Z3354	
OP-GRP-Z3355	2
OP-PYS-Z3356	
OMT-Z3357	
OP-HAF-Z3358	

Date	Total Tested	Drugs Found

Update

- ✓ Enter the service codes as requested by the provider. For non-network and mental health providers, in order to save the attendance record, you must enter at least 1 code; Z3358
- ✓ Click “Update” to save the record.

When clients are in two different levels of care at the **same** provider attendance can be entered together. You will see both the levels of care on the calendar. In the example below, this client started OMT on 9/1 but did not start IOP until 9/17.

Provider
Camden Treatment Associates ▾

Program:

ATTENDANCE

Year: 2014 ▾
Month: September ▾

Level	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours
OMT ●	P 01	P 02	P 03	P 04	P 05	P 06	P 07	0
OMT ●	P 08	P 09	P 10	P 11	P 12	P 13	P 14	0
OMT/IL.1 ●	PX 15	PX 16	PP 17	PA 18	PN 19	PN 20	PN 21	3
OMT/IL.1 ●	22	23	24	25	26	27	28	
OMT/IL.1 ●	29	30	Oct 01	Oct 02	Oct 03	Oct 04	Oct 05	

- ✓ Attendance should be entered in the order that the levels appear on the screen. In the example above, OMT and then IOP attendance should be entered. OMT and HH will always appear before additional levels of care as clients generally remain in those levels of care longer.
- ✓ Attendance should be entered by typing **two** of the identifying codes into the attendance fields. The only acceptable entries are P, A, S, H, E, N or X.

- ✓ You must use X if the client was in one level and not the other at anytime during the week as noted below on 9/15 and 9/16.

Provider	Camden Treatment Associates ▼
Program:	

ATTENDANCE

	Year: 2014 ▼		Month: September ▼						
Level	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours	
●	01	02	03	04	05	06	07		
OMT	P	P	P	P	P	P	P	0	
●	08	09	10	11	12	13	14		
OMT	P	P	P	P	P	P	P	0	
○	15	16	17	18	19	20	21		
OMT/II.1	PX	PX	PP	PA	PN	PN	PN	3	
●	22	23	24	25	26	27	28		
OMT/II.1									
●	29	30	Oct 01	Oct 02	Oct 03	Oct 04	Oct 05		
OMT/II.1									

- ✓ If attendance is not entered for any of the dates during the week the client is scheduled to be in treatment you will receive the following error in red font. In the example below, an X was not entered for the OMT on 9/22. This client started OMT on 9/5 but did not start OMT until 9/23, so an X should have been entered for OMT on 9/22 (i.e., **XP**.) You can confirm treatment start and discharge dates by going to the ASAM/PPL page.

ATTENDANCE

Please enter a full week of attendance.

	Year: 2014 ▼		Month: September ▼						
Level	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours	
●	01	02	03	04	05	06	07		
II.1	X	X	X	X	P	N	N	3	
●	08	09	10	11	12	13	14		
II.1	P	N	P	N	P	N	N	9	
●	15	16	17	18	19	20	21		
II.1	P	N	P	N	P	N	N	9	
○	22	23	24	25	26	27	28		
OMT/II.1	P	PP	PA	PP	PN	PN	PN	6	
●	29	30	Oct 01	Oct 02	Oct 03	Oct 04	Oct 05		
OMT/II.1									

Urine Drug Screens are mailed, faxed, or emailed by the Treatment Providers to the PA Unit for entry into Atlantis.

Entering UDS Results From The Attendance Screen

- ✓ Follow the directions above to enter a client's record and go to the attendance screen.
- ✓ Click on the date that the UDS specimen was COLLECTED by the provider, not today's date or the date the results were received. It must be the date that the UDS was taken by the provider. You **do not** have to click on the radio button for the week in question, you can chose any date in the month. The UDS screen will appear.

Screening Result

Screening Date: 09/08/2014

Drug Test Conducted: 0

Positive: 0

☐ Alcohol ☐ Amphetamines ☐ Barbiturates
☐ Benzodiazepines ☐ Buprenorphine ☐ Cocaine
☐ EDDP ☐ Methadone ☐ Opiates
☐ Others ☐ PCP ☐ TCA
☐ THC

Notes:

Ok Cancel

- ✓ Choose the number of drugs tested from the dropdown, as well as the number of positive results. If you enter a number in the “Positive” results box, you must check off the same number of boxes for drugs that were found.
- ✓ Click the “OK” button to save the result.

You will be able to view any notes related to the UDS result by scrolling over the three asterisks in the ‘drugs found’ column. Or, click on that box to see the entire screen.

ATTENDANCE

New Horizon Treatment Services, Inc.

Year: 2014 Month: August

Level	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hour
OMT	P Jul 28	P Jul 29	P Jul 30	P Jul 31	P 01	P 02	P 03	3.5
OMT	P 04	P 05	P 06	P 07	P 08	P 09	P 10	3.5
OMT	P 11	P 12	P 13	P 14	P 15	P 16	P 17	5
OMT	P 18	P 19	P 20	P 21	P 22	P 23	P 24	5
OMT	P 25	P 26	P 27	P 28	P 29	P 30	P 31	

Service Code

Service Code	7/28/2014	8/1/2014
OP-INT-Z3333		
PC-Z3344		
IOP-Z3346		
OP-FAM-Z3348		
OP-Z3349		
RX-Z3353		
OP-FUL-Z3354		
OP-GRP-Z3355		
OP-PYS-Z3356		
OMT-Z3357	4	3
OP-HAF-Z3358		

Update

Date	Total Tested	Drugs Found
08/01/2014	8	BEN,EDP,MTH ***

You can view both the attendance and UDS result from this page by clicking the radio button for each week of the month. Only the UDS result that falls within the week selected will appear but you will see the attendance for the entire month.

SAIClops Case Management Plan Updates

In order to view a **Case Management Plan Update** that was created in the SAIClops system, you must manually choose the radio button for the Episode of Care that you wish to open on the “Client Information” screen.

SAICLOPS CASE MANAGEMENT PLAN

Plan Date: 04/08/2010 (Friday)

Mobile: None

Email: None

Episodes: 03 02 01

An arrow points to the '02' radio button under the 'Episodes' section.

Proceed to the "S'Clops CM Update Plans" module (under the "Assessment" tab) and choose the date of the plan that you wish to view from the drop-down. If there are no plans for this client during the EOC that you have opened there will be no dates in the drop-down.

SAICLOPS CASE MANAGEMENT PLAN

Plan Date: Select

Dropdown menu options: 12/21/2009, 01/21/2010, 03/08/2010, 04/08/2010

An arrow points to the '04/08/2010' option in the dropdown menu.

The **Case Management Plan Update** for the date selected will be displayed.

SAICLOPS CASE MANAGEMENT PLAN

Plan Date: 04/08/2010

MEDICAL

PROBLEM	Svr.	GOAL	SERVICE PLAN
Medical: <input type="checkbox"/> Needs physical exam <input checked="" type="checkbox"/> Monitor Condition : <input type="checkbox"/> Other :	4	<input checked="" type="checkbox"/> To improve health <input type="checkbox"/> To maintain health <input type="checkbox"/> Other :	<input checked="" type="checkbox"/> Schedule physical exam <input type="checkbox"/> Schedule annual health screening <input type="checkbox"/> Other :

SERVICE PROVIDER	PROBLEM DISPOSITION
<input checked="" type="checkbox"/> Physician <input type="checkbox"/> Tx Provider <input type="checkbox"/> Other :	Continue current service plan

An arrow points to the 'SAICLOPS CASE MANAGEMENT PLAN' title.

VI. TREATMENT AND TREATMENT REFERRAL

You will find the "DCP&P Update," the "EE/OEE UDS" and the "EE/OEE PA" modules under "Treatment" in the top toolbar.



Assessment EE/OEE Module (Formerly "Urinalysis" in SAIClops)

This module will be used for all EE, OEE, and Assessment urine drug screens when a PPL will not be created. The CC is responsible for entering all Assessment UDS and EE UDS-only results and creating the Payment Authorization.

- ✓ Search for a client and verify that you are in the client's current EOC.
- ✓ Select "Treatment" from the main menu bar.
- ✓ Select the "Assessment EE/OEE UDS" option from the side menu.

DCP&P Update
Assessment EE/OEE UDS
Assessment EE/OEE PA
UDS View

ASSESSMENT EE/OEE UDS

Screening Date:

Provider:

Drug test Conducted: Positive:

Drugs Found: ☐ Alcohol ☐ Amphetamines ☐ Barbiturates ☐ Benzodiazepines ☐ Buprenorphine
☐ Cocaine ☐ EDDP ☐ Methadone ☐ Opiates ☐ Others
☐ PCP ☐ TCA ☐ THC

Notes:

Add

Date	Provider	Total	Positive	Drugs	
10/5/2015	SODAT Camden	8	0		Select

- ✓ Enter the screening date (the date that the urine specimen was COLLECTED by the provider, not received by you).
- ✓ Select the treatment provider who provided the UDS from the "Provider" dropdown.
- ✓ Enter the number of tests conducted (this is how many substances the client was tested for; it is often 7-10). This number is automatically defaulted to "0."
- ✓ Then enter the number of substances the client tested positive for (up to 10). If you choose a number for 'positive' you must check off which substances the client tested positive for. This number is automatically defaulted to "0." Do not change this number if the client was negative.
- ✓ You can write any additional information that is significant in the "notes" section.
- ✓ Then click "Add" to save the results.

- ✓ Once the UDS results have been saved, you then select the “Assessment EE/OEE PA” menu option to begin creating the EE/OEE payment authorization.
- ✓ Select the treatment provider who provided the UDS from the “Treatment Provider” dropdown.
- ✓ The “Diagnostic Impression” information found on the client’s initial ASAM Note automatically pulls through to the "Diagnostic Impression" field.
- ✓ Enter the dates in the "Authorization Period From" and “To” date fields. This date will be the date of the UDS. For example, if the UDS was conducted on 9/24/14, the authorization dates would be from 9/24/14 to 9/24/14.
- ✓ In each of the boxes below for “units requested, units approved” enter "1." The system will automatically calculate the requested and approved fee amounts in the corresponding boxes.
- ✓ Then click "Add."

- ✓ Your Assessment EE/OEE Payment Authorization has been successfully created.

PA#	Revision#	From	To	Provider	
1540550097	0	3/18/2016	3/18/2016	ARS Somers Point0055123	Select

DCP&P Update

The DCP&P Update is to be completed and faxed monthly, or any time there is a change to a client’s status, to the DCP&P worker. It provides the DCP&P worker with information about the client’s participation in the WFNJ SAI/BHI. This form is to be completed by opening up the “Treatment” tab, the "DCP&P Update" menu option and then selecting “New Update.” You will then select the appropriate information in the drop-down fields and check boxes on the entire form. In order for you to select a treatment provider, you must have created a PPL in order for it to show up in the dropdown selection. If the client will be attending treatment at two different treatment providers then there must be two PPLs created. Once you select “Save and Print,” the data will be saved and the form will automatically fill in the client’s identifying information to send to the DCP&P worker. Select the “Created” box to print previously created forms.

UDS View

The "**UDS View**" module enables you to view urine drug screen results for a client for the current or any previous EOC.

How to view the UDS results for the current EOC:

Go to the "Treatment" tab and select "UDS View."



Select the Year and Month from the appropriate dropdowns to view the client's UDS results for the particular year/month that you are seeking.

The Treatment Provider name, Screening Date, positive Drugs and any comments are listed for each UDS result that has been entered into the system, for the particular year and month selected.

Example 1:

The Case is Open

DCP&P Update
Assessment EE/OEE UDS
Assessment EE/OEE PA
UDS View

UDS RESULTS

Year: 2014
Month: October

Provider	Screen Date	Drugs	Notes
New Horizon Treatment Services, Inc.	10/01/2014	BEN,EDP,MTH	benzodiazepine 702

Example 2:

The Case is Open

DCP&P Update
Assessment EE/OEE UDS
Assessment EE/OEE PA
UDS View

UDS RESULTS

Year: 2006
Month: October

Provider	Screen Date	Drugs	Notes
Parkside Recovery not active	10/04/2006	BEN,EDP,MTH	
Parkside Recovery not active	10/12/2006	BEN,EDP,MTH	
Parkside Recovery not active	10/18/2006	BEN,EDP,MTH	
Parkside Recovery not active	10/25/2006	BEN,EDP,MTH	
New Horizon Treatment Services, Inc.	10/26/2006	BEN,MTH	

How To View UDS Results For A Previous EOC

While in the client's most recent EOC, you can move between the client's different Episodes of Care by choosing the corresponding radio button for the EOC that you wish to open. For this example, you are currently in the client's sixth EOC (as indicated by the WFNJ Number located on the Client Information bar). Select the radio button #5 to move to the client's fifth EOC.

Home Search Client **Client** Referral Assessment Treatment Service Log Forms System User Management PA Unit Reports Queries

Client: Test Client (01002149-5) DOB: 01/21/1962 Sex: F Program: GA **Care Coordinator:**

The Case is Closed

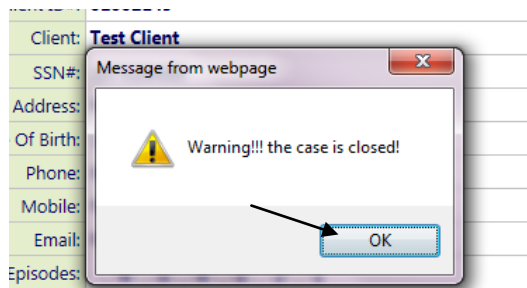
Profile
Address
Children
Collateral Contact
New EOC

CLIENT INFORMATION

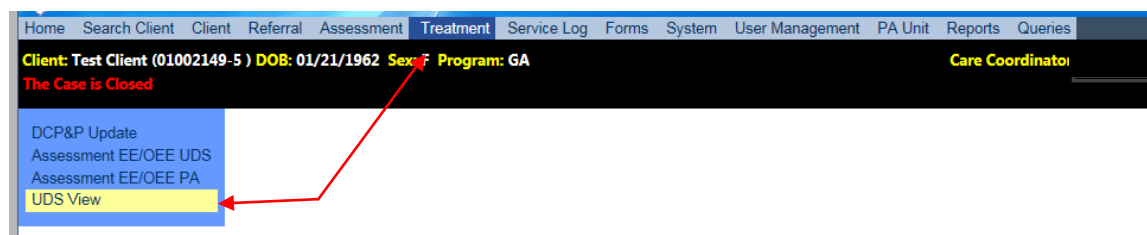
Client ID#:	01002149
Client:	Test Client
SSN#:	197526450
Address:	Homeless, Trenton, New Jersey - 08505
Date Of Birth:	1/21/1962, Sex: F
Phone:	609-278-2476 (Preferred)
Mobile:	None
Email:	None
Episodes:	<input type="radio"/> 6 <input checked="" type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1

COMMENTS
No Comments

When you seek to look at a previous EOC, you will get this popup to warn you that the EOC that you are opening to view is a closed one. Select "OK".



You will now notice that the WFNJ number on the Client Information bar has changed to reflect the different EOC. Go to the Treatment tab and open the “UDS View” module.



Follow the steps above for “UDS View.”

Treatment Provider Referral Packet

The Referral Packet is a set of documents that is sent to a treatment provider when a client is referred to a treatment provider for treatment. The packet includes the following documents: (1) Client Information Summary (2) ASAM Admission LOC/Assessment Summary, (3) the signed releases (the Release module is not yet available in Atlantis, continue to use the current releases in SAIClops), (4) Universal Treatment Agreement (located under the "Forms" section of Atlantis), and (5) the Universal Admission Letter (found in the "ASAM/PPL" section, this letter is connected to the preapprovals).

In order to print the "Client Information Summary" (formerly known as the "Client Face Sheet") select “Print” while in the "Referral" screen:



You will then select "File" and then "Print" as usual:

Client Master File
Information Summary

Client Information:
 WFNJ#: 60041502-1 SSN: 222332222
 Last Name: Poole Middle Name: T
 First Name: Jean Sex: F Date Of Birth: 7/25/1974
 Address:
 Street: 13 Genome St Apt: City: NJ Zip: 08619
 Phone:
 Emergency Contacts:
 First Name Last Name Street City State Zip Phone Relation
 Shown White Trenton NJ 609-412-3333 Friend
 Program Information:
 Case Worker: Nadirah Austin CW Phone: 609-989-4481 Prog: GA

Next, under the "Forms" section, select "Tx Agreement," create the Treatment Agreement with all of the requirements and include it with the Referral Packet.

NCADD ATLANTIS SAI/BHI SYSTEM
Welcome labramowitz! [Settings] [Log Out]

Home Search Client Client Referral Assessment Treatment Service Log **Forms** System User Management PA Unit Reports Queries

Client: Jean Poole (60041502-1) **DOB:** 07/25/1975 **Sex:** F **Program:** GA-DYFS **Care Coordinator:** Stacey Wolff
The Case is Open

Forms Available:

Agreements/Releases	010 10-Day Non-Compliant Letter (Espanol)	009 DCPD Assessment Appointment Letter (Espanol)	008 Follow-up Appointment Letter (Espanol)
General Release			
Health Release			
Multi Agency Release			
At Risk OMT	007 General Case Closure (Espanol)	006 Missed Appointment Letter (Espanol)	012 Missed Appointment Letter with Date (Espanol)
EE Agreement			
Refusal Tx			
Tx Agreement			
HIPAA	005 Successful Case Closure (Espanol)	013 Treatment Intake Appointment (Espanol)	004 Welfare Assessment Appointment Letter (Espanol)
SAIClops Releases			
Tx Service Form			

To print the "Universal Admission Letter," open the "ASAM/PPL" section under the "Assessment" tab and then select the link under the "Preapprovals, etc" column that is associated with the provider who will be receiving the Admission Letter. This link can be either "(None)" or a preapproval date range:

Schedule Assessment
Schedule Followup
 ASI
 Immediate Need Profile
 Care Coordination Plan
ASAM / PPL
 Payment Authorization
 Attendance
 SAIClops Asmt Summary
 S'Clops CM Update Plans

The client does not currently have a FAMIS cash grant.

ASAM LOC

#	ASAM Date	Next Review	Level Assessed	Level Placed	Assessment Type	Preapprovals	Actions
1	03/23/2016	04/20/2016	2.1/OTS	OTS / 2.1	Assessment	Camden Treatment Associates, New Horizon Treatment Services, Inc.	

[New Service Review](#)

PATIENT PLACEMENTS

Provider	Placed	Tx Scheduled	Tx Enter	Tx Discharge	Preapprovals etc.
Camden Treatment Associates (0217727)	2.1	03/23/2016			03/23/2016 - 04/20/2016
New Horizon Treatment Services, Inc. (7603606)	OTS	03/23/2016			03/23/2016 - 04/20/2016

[\[New PPL \]](#)

The preapproval screen will appear and you will select "Print Universal Admission Letter." **You will not be permitted to generate an Admission Letter if you have not created a PPL.**

ASAM Date	Assessed Level	Preapprove From	Preapprove To	Services Authorized	
3/23/2016	II.1/OMT	3/23/2016	3/31/2016	Z3346.Z3358	Delete
3/23/2016	II.1/OMT	4/1/2016	4/20/2016	Z3346.Z3358	Delete

VII. SERVICE LOG

The Service Log documents all events related to coordinating client care, including any disbursement of client support services, logging of CSR attempts, and CC follow-up appointment information. Entries are made in the Service Log whenever relevant client information relating to communications via phone, in-person, fax, email, mail, etc., including notes after a case has been closed, should be documented. Each entry must also include a brief note describing the contact.

To Create A General Service Log Entry

- ✓ Select "Service Log" on the top toolbar.
- ✓ The Service Log main page is displayed and you will select "Contact/Notes."
- ✓ Select the "Type of Contact" from the drop-down.
(CQI, Email, Fax, In-Person, Mail, Other or Telephone are the choices.)
- ✓ The date auto-populates with the current date.

- ✓ Select the “Person Contacted” from the drop-down.

- ✓ In the “Note” section list all comments related to the contact.
 - ✓ Select “Save” when finished.
- (Reminder! DO NOT cut and paste emails into the Service Log.)**

How To Enter A “Client Support” Service Log

- ✓ Click on “Client Support” from the menu options on the left.

- ✓ The service log date automatically populates with the current date.
- ✓ Select the type of contact (in-person, mail, other.) from the drop-down.
- ✓ Enter the type of client support (clothing, food, housing, other, transportation.)
- ✓ Enter the dollar amount.
- ✓ Enter any relevant notes in the “Note” box.
- ✓ Select “Save.”
- ✓ The client support service log will be displayed in blue (see below)

How To Enter A "CSR Attempt" In The Service Log

All ACCs are required to document in the Service Log if a provider calls to conduct a CSR, and contact the CC/LCC via email. If a clinical staff member receives a call from the provider and does not have time to conduct the CSR at that time, they should follow these steps:

- ✓ Select “Treatment Provider” from the “Person Contacted” drop-down in the "Contact/Notes" service log.
- ✓ The name of the treatment provider should then appear in the box below that is labeled “Provider Contacted.” (If the treatment provider’s name is not in the drop-down, please inform the CC/LCC via email that the provider has attempted to call.)
- ✓ The “CSR Attempt” box will appear. Select this box. Checking this box is a system indicator that tells the database that a CSR has not been completed but that the treatment provider attempted to contact the CC to conduct the CSR.

- ✓ Because the “CSR Attempt” selection has been made, a service log entry will automatically be generated stating “CSR Attempt” in Atlantis. Add any additional relevant comments in the “Note” box and select “Save.”
- ✓ The CSR service log notes will appear in **red font** for ease of viewing.

Date	About	Note
2/24/2015	Contact	Telephone-> Tx Provider (CSR Attempt) provider attempted to contact the CC to conduct the CSR
2/24/2015	Work Activity Monitor	Telephone-> Employment/Welfare Case Worker Work Activity Monitoring service log
2/24/2015	Client Support	Client Support: Clothing Amount \$25.00, In-Person-> client support service log

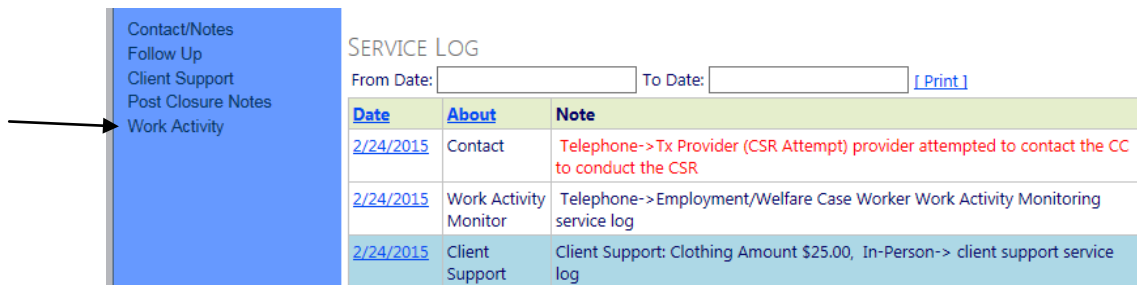
The primary purpose of this unique feature is that it will prevent an overdue CSR “Intent to Close” letter from being mistakenly generated in that month’s batch-print because of a system ‘lock’ in place that will not allow the letter to print if this checkbox is checked.

Note! ACCs are still required to email the CC/LCC that a provider called seeking to conduct a CSR!

How To Create A "Work Activity Monitoring" Service Log

This entry is only selected when DCP&P clients complete treatment and are pending entry into a work activity. These cases will remain open for 30 days.

- ✓ The service log date automatically populates with the current date.
- ✓ Select "Save."



Date	About	Note
2/24/2015	Contact	Telephone-> Tx Provider (CSR Attempt) provider attempted to contact the CC to conduct the CSR
2/24/2015	Work Activity Monitor	Telephone-> Employment/Welfare Case Worker Work Activity Monitoring service log
2/24/2015	Client Support	Client Support: Clothing Amount \$25.00, In-Person-> client support service log

"Follow-Up" Service Log

The follow-up section in the service log is for CC's to use after completing a follow-up with a client. It will be displayed in yellow, see above.

"Post Closure Notes" Service Log

This would be selected if you receive a call or relevant information regarding a closed WFNJ SAI/BHI Case.

- ✓ Select "Post Closure Notes" from the menu.
- ✓ The date auto-populates with the current date.
- ✓ Enter the relevant information in the "Notes" section.
- ✓ Select "Save."

VIII. FORMS

Once you have selected 'Forms' on the top toolbar, along with the Multi-Agency, Health, General and SAIClops Release options, you will see nine client letters in the center of the page and the choice of six client agreements in the left margin; At Risk OMT Agreement, EE Agreement, Refusal of Treatment, Treatment Agreement, HIPAA Acknowledgement and Treatment Service Form. Each form will be reviewed below:

Home	Search Client	Client	Referral	Assessment	Treatment	Service Log	Forms	System	User Management	PA Unit	Reports	Queries
------	---------------	--------	----------	------------	-----------	-------------	-------	--------	-----------------	---------	---------	---------

Client: Jean Poole (60041502-1) **DOB:** 07/25/1975 **Sex:** F **Program:** GA-DYFS **Care Coordinator:** Stacey Wolff
The Case is Open

Agreements/Releases General Release Health Release Multi Agency Release At Risk OMT EE Agreement Refusal Tx Tx Agreement HIPAA SAI/Clops Releases Tx Service Form	010	10-Day Non-Compliant Letter (Espanol)	009	DCPP Assessment Appointment Letter (Espanol)	008	Follow-up Appointment Letter (Espanol)
	007	General Case Closure (Espanol)	006	Missed Appointment Letter (Espanol)	012	Missed Appointment Letter with Date (Espanol)
	005	Successful Case Closure (Espanol)	013	Treatment Intake Appointment (Espanol)	004	Welfare Assessment Appointment Letter (Espanol)

Client Releases (Multi-Agency, General, And Health Releases)

Multi-Agency Release:

The WFNJ SAI/BHI Care Coordinator creates this release with the client at the time of assessment or at any time when releases need to be signed during an Episode of Care.

You must use a **separate** multi-agency release for each treatment provider referral packet. (Always think ahead to get releases signed for future placements!)

Completing the Multi-Agency Release Form (Option #1)

- ✓ Under the "Forms" section of the client's Episode of Care, select the "Multi-Agency Release" menu option on the left side of the screen.

The screenshot shows the 'MULTI AGENCY RELEASE' form. On the left sidebar, the 'Multi Agency Release' option is highlighted in yellow. An arrow points from this option to the form. The form contains the following fields:

- Recipient Name: Jean Poole
- Date: 04/01/2016
- CBSS Contact: [Empty]
- DCP&P Contact: [Empty]
- CPSAI Contact: [Empty]
- Treatment Provider: [Empty]
- Other Agency: [Empty]

A 'Create' button is located at the bottom left of the form.

- ✓ Enter all contact, or relevant information, for each of the appropriate categories provided. For your convenience, the release's expiration date is calculated by the system. This date **will not** be printed on any of the releases.

This screenshot is identical to the previous one, showing the 'MULTI AGENCY RELEASE' form. An arrow points from the 'Create' button at the bottom left of the form to the text 'Choose "Create"' in the following list item.

- ✓ Choose "Create"

Completing Client Releases And Agreements (Option #2)

- ✓ Under the "Forms" section of the client's Episode of Care, select the "Agreements/Releases" menu option on the left side of the screen. Once this page is open, you will see that you are able to create the following releases and client agreements (**including the Multi-Agency Release**).

General Release	Refusal of Treatment
Health Release	Treatment Agreement
Multi-Agency Release	HIPAA Acknowledgement
At Risk OMT Agreement	Treatment Service Form
EE Agreement	

Home Search Client Client Referral Assessment Treatment Service Log **Forms** System User Management PA Unit Reports Queries

Client: Jean Poole (60041502-1) DOB: 07/25/1975 Sex: F Program: GA-DYFS Care Coordinator: Stacey Wolff

The Case is Open

Agreements/Releases

General Release
Health Release
Multi Agency Release
At Risk OMT
EE Agreement
Refusal Tx
Tx Agreement
HIPAA
SAIClops Releases
Tx Service Form

AGREEMENTS/RELEASES

CREATE NEW

[General](#) | [Health](#) | [Multi Agency](#) | [EE Agreement](#) | [Refusal Treatment](#) | [Treatment Agreement](#) | [At Risk OMT](#) | [HIPAA](#)

LIST OF AGREEMENTS/RELEASES

Date of Creation	Type	Projected Expiration Date	Status	Note	Print for Signature	View Sign
3/28/2016	HIPAA	3/28/2018	Unsigned		English Spanish	
3/28/2016	HIPAA	3/28/2018	Unsigned		English Spanish	

- ✓ Simply select one of the appropriate links available to begin creating the specific form that you intend to create. Once you have done this, follow the steps outlined above to complete it.

Agreements/Releases

General Release
Health Release
Multi Agency Release
At Risk OMT
EE Agreement

AGREEMENTS/RELEASES

CREATE NEW

[General](#) | [Health](#) | [Multi Agency](#) | [EE Agreement](#) | [Refusal Treatment](#) | [Treatment Agreement](#) | [At Risk OMT](#) | [HIPAA](#)

After Completing a Client Agreement or Release:

- ✓ If the client agrees to sign the newly created release or agreement, click either the "[English](#)" or "[Spanish](#)" link to open it in the language of choice. Select "Open." Whenever possible, relevant information taken from the database will auto-fill onto the Multi-Agency Release and other forms.

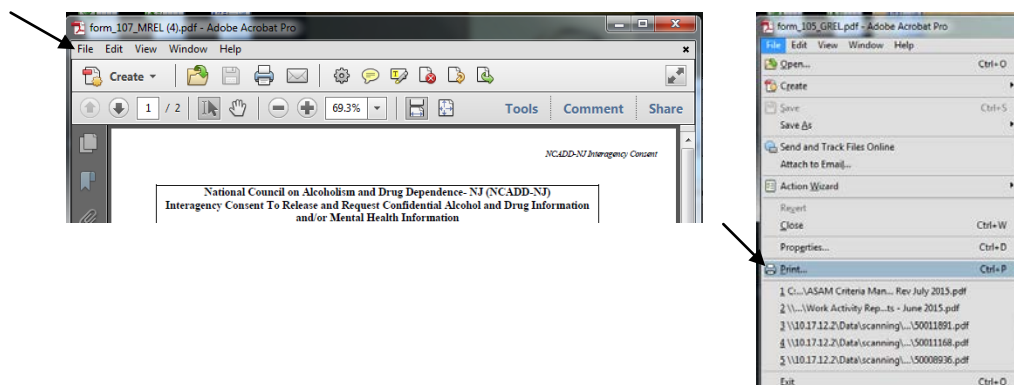
Refusal Tx
Tx Agreement
HIPAA
SAIClops Releases
Tx Service Form

LIST OF AGREEMENTS/RELEASES						
Date of Creation	Type	Projected Expiration Date	Status	Note	Print for Signature	View Sign
4/1/2016	Multi Agency Release	4/1/2018	Unsigned		English Spanish	
3/28/2016	HIPAA	3/28/2018	Unsigned		English Spanish	
3/28/2016	HIPAA	3/28/2018	Unsigned		English Spanish	
3/28/2016	Treatment Agreement	3/28/2018	???	TP: Trenton Treatment Center, Hendricks House, and New Horizons treatment Center, TP Hours: Monday-Thursday 9:00-12:00 at TTC and Thursday, 4:00-6:00 at TTC, daily methadone..	English Spanish	
3/28/2016	Treatment Agreement	3/28/2018	Signed	TP: NHTS, Trenton Treatment Center, and Hendricks house, TP Hours: Monday-Wednesday, 9:00-12:00 at NHTS, Tues 4:00-6:00 at TTC and OMT Daily.	English Spanish	
3/28/2016	Refusal Treatment	3/28/2018	Refused		English Spanish	
3/28/2016	Refusal Treatment	3/28/2018	Signed		English Spanish	
3/28/2016	EE Assessment	3/28/2018	???		English Spanish	

Do you want to open or save form_107_MREL.pdf (467 KB) from test.securedatabase.com?

Open Save Cancel

- ✓ Select "File" and then the "Print" option from the pop-up box to print the release.



- ✓ Ask the client to initial ALL of the appropriate checkboxes on the Multi-Agency Release and to sign **and date** the release. It is imperative to ensure that the date that the client signs the release is written next to the client's signature on all releases. If the client fails to write the date, you may write it on behalf of the client. If the client is not present, you may fax the Multi-Agency Release to the provider and instruct the provider to ask the client to sign **and date** the release, and to send it back to you.
- ✓ The expiration date of a release or agreement is calculated by the database; however, this date will not print on the printed form. It is used for release expiration reporting only.
- ✓ After creating the Multi-Agency release, you will notice that the "Status" of the release is designated as "Unsigned." You must update this field to "Signed" (if the client signed the form), "Signed/DCP&P Refused" (if the client refused to sign only the DCP&P portion of the release) or "Refused" (if the client refused to sign the entire form). Select the appropriate "Status" from the dropdown and then the **Update** link to update the release's status in the system. Leave the "Status" as "Unsigned" if you are waiting for a provider to send the client's signed release back to you or if it a release that will not be signed (unused). **Upon return of the signed release, you must remember to go back into the client's release in Atlantis, and update the "Status" to "Signed."** For all other releases and agreements, you must also update the status in the system by making sure to choose the appropriate "Status" from the dropdown and then by choosing **Update.**

Date of Creation	Type	Projected Expiration Date	Status	Note	Print for Signature	View Sign
4/1/2016	Multi Agency Release	4/1/2018	Signed		English Spanish	
3/28/2016	HIPAA	3/28/2018	Unsigned		English Spanish	
3/28/2016	HIPAA	3/28/2018	Unsigned		English Spanish	

Date of Creation	Type	Projected Expiration Date	Status	Note	Print for Signature	View Sign
3/7/2016	Multi Agency Release	3/7/2018	Signed		English Spanish	Download

- ✓ For the Multi-agency Release, there are two "Status" options, "Fully Rescinded" and "DCP&P Rescinded," which are to be used when a client rescinds, or partially rescinds, a previously created and signed Multi-Agency Release. Choose "Fully Rescinded" if the client rescinds the entire release, or choose "DCP&P Rescinded" if the client rescinds only the DCP&P portion of the release.

Faxing Releases and Agreements To The PA Unit:

- ✓ After the client has signed, and dated, the Multi-Agency Release and the status of the release has been updated to "Signed," fax the form to the PA Unit's fax number, **609-259-1458**. The PA Unit will process it and upload it to the system within 24 hours. Once processed, you will be able to view it by selecting the "[Download](#)" link associated with the release that you are looking for. This link is located under the "View Sign" column on the "Agreements/Releases" page.
- ✓ The following is the complete list of releases and agreements that, once signed and dated, are to be faxed to the PA Unit. Click the "[Download](#)" link, as described above, to view any of the releases or agreements from this list, that have been signed/dated and then processed by the PA Unit.:

- General Release
- Health Release
- Multi-Agency Release
- At Risk OMT Agreement
- EE Agreement
- Refusal of Treatment
- Treatment Agreement
- HIPAA Acknowledgement

Because the above forms are generated in Atlantis, the system is able to assign a unique identification number to each of them (one per release or agreement). This number appears at the bottom of each printed form. **No two identification numbers will ever be the same.** After the

PA Unit receives a release or agreement, they use this Identification Number in order to process upload it into the appropriate client record.

I authorize the following information to be released to and obtained from these agencies:
 Check and initial all that apply:

☐ Welfare Information, including but not limited to case and NJ FamilyCare/Medicaid number, eligibility/sanction status, benefits, work activity status

☐ DCF&F Information, including but not limited to NJ Spirit #, case status, dates and children status, alcohol and/or drug information, and other protected health information related to assessment, medical and mental health results, history, treatment and service plans, psychiatric evaluation results, attendance, drug test results, discharge summary.

☐ Toxicology Labs that provide analysis of urine specimens in order to obtain results of urine screens

60041502-1-21367 NCADD-NJ WFNJ SAI/BHI 10-15

Page 1 of 2

IMPORTANT: A release or agreement cannot be processed by the PA Unit unless it was generated from Atlantis and an Identification Number has been assigned to it.

In the rare event it is necessary to use manual copies of the releases from 'Files & Forms', you must remember to go into Atlantis after the assessment is finished to generate all of these releases in the system. Before faxing the manually created releases to the PA Unit, **it is important that you write the unique Identification Number that is assigned to each unique 'Files & Forms' release on the bottom of each page of the signed 'Files & Forms' releases.**

General Release:

Under the "Forms" section, you can begin creating a General Release by selecting either the "General Release" menu option on the left-hand side of the page or by selecting the "[General](#)" link located at the top of the "Agreements/Releases" page.

Agreements/Releases
General Release
 Health Release
 Multi Agency Release
 At Risk OMT
 EE Agreement
 Refusal Tx
 Tx Agreement
 HIPAA
 SAIClops Releases
 Tx Service Form

GENERAL RELEASE (New) ▼

Recipient Name: Jean Poole

Name of NCADDNJ Staff disclosing information: Stacey Wolff

Name of Person/Agency Receiving Information:

Disclosing Information:

Purpose:

Create

The General Release is created in the same way that a "Multi-Agency" release is created.

- ✓ Fill in all appropriate information in the fields provided.
- ✓ The expiration date will be two years from the date that the release is created and is automatically calculated by the system.
- ✓ Select "Create" and then print the form following the steps described previously.
- ✓ Ask the client to sign the release. Once the release has been signed, update the status to "Signed" and select "Update" to update the status in the system. If the client refuses to sign, update the "Status" to "Refused" and then select "Update."

- ✓ After the client has signed and dated the form and the status of the release has been updated to "Signed," fax the signed release to the PA Unit for processing.
- ✓ "Rescinded" is an available "Status" option for the General Release. It is to be used when a client rescinds a previously created and signed General Release.

Health Release:

The "Health Release" is available under the "Health Release" menu option on the left-hand side of the page or by selecting the "[Health](#)" link located at the top of the "Agreements/Releases" page. Both are found in the "Forms" section of a client's Episode of Care. This release is used with caution and with consent from the client to disclose only very specific information related to HIV/AIDS, STDs, TB, and Hepatitis B and C.

This type of release is created in the same way that the "Multi-Agency" and "General" releases are.

- ✓ Fill in all appropriate information in the fields provided.
- ✓ The expiration date will be two years from the date that the release is created and is automatically calculated by the system.
- ✓ Select "Create" and then print the form following the steps described previously.
- ✓ Ask the client to sign and date the release. Once the release has been signed and dated, update the status to "Signed" and select "Update" to update the status in the system. If the client refuses to sign, update the "Status" to "Refused" and then select "Update."
- ✓ After the client has signed the form and the status of the release has been updated to "Signed," fax the signed release to the PA Unit's fax number, **609-259-1458** for processing.
- ✓ "Rescinded" is an available "Status" option for the Health Release. It is to be used when a client rescinds a previously created and signed Health Release.

Please note: In the event that you do not have access to a printer in the same office where you conduct assessments, you must print all of your blank releases for each specific client prior to going to the assessment area. These blank releases should be printed from the client's electronic health record in Atlantis (not Files/Forms). Before printing a blank Multi-Agency release, the CC must complete as many of the fields as possible (e.g., welfare worker, DCP&P worker, etc.) because these releases cannot be edited once they have been created.

After the client signs the 'blank' releases that were created from Atlantis, the CC must go back into the database and update the status of each release to "Signed" or "Signed/DCP&P Refused" for each of the releases that were signed. If the client did not sign a specific release then leave the status as "Unsigned" unless the client refused to sign it. Update the status to "Refused" if this is the case.

“SAIClops Releases” View Module In Atlantis

In order to view the *Multi-Agency Releases* that were previously created in the SAIClops system, go to the "SAIClops Releases" menu option located in the "Forms" section of a client's case.

Client: Jean Poole (60041502-1) DOB: 07/25/1975 Sex: F Program: GA-DYFS Care Coordinator: Stacey Wolff

The Case is Open

Agreements/Releases	010	009	008
General Release	10-Day Non-Compliant Letter (Espanol)	DCPP Assessment Appointment Letter (Espanol)	Follow-up Appointment Letter (Espanol)
Health Release			
Multi Agency Release			
At Risk OMT	007	006	012
EE Agreement	General Case Closure (Espanol)	Missed Appointment Letter (Espanol)	Missed Appointment Letter with Date (Espanol)
Refusal Tx			
Tx Agreement			
HIPAA	005	013	004
SAIClops Releases	Successful Case Closure (Espanol)	Treatment Intake Appointment (Espanol)	Welfare Assessment Appointment Letter (Espanol)
Tx Service Form			

When you select this option, a list of the client's Multi-Agency Releases will be displayed that were previously created in SAIClops. However, this list only shows the last releases that were created in SAIClops, it will not show the releases that were generated from the Atlantis system.

Agreements/Releases	SAICLOPS RELEASES		
General Release	Release Date	Release Info (Signed, Rescinded, Refused, Unknown)	Expiry Date
Health Release	7/9/2015	DFD, CBSS, DYFS, CPSA, LogistiCare, Greater Essex Counseling Service, emergency contact mother Jessica Cruz 551 666 2411, Welfare info, Treatment info, DYFS info, Employment info	12/16/2016
Multi Agency Release	3/11/2015	DFD, CBSS, DYFS, LogistiCare, New Horizon Treatment Services, Inc., Welfare info, Treatment info, DYFS info, Employment info	3/11/2017
At Risk OMT	11/18/2014	Airmid Counseling Services	11/18/2016
EE Agreement	7/14/2014		
Refusal Tx	11/18/2013	DFD, CBSS, DYFS	11/18/2015
Tx Agreement	10/30/2013		
HIPAA	4/25/2013		
SAIClops Releases	3/7/2013		
Tx Service Form	2/19/2013		

For ease of viewing, the information for each listed release is color-coded. (Signed, Rescinded, Refused, Unknown)

At-Risk OMT Agreement

The “At-Risk OMT Client Agreement” is to be used with OMT clients who are not adhering to their initial Treatment Agreement for OMT and the client is now required to engage in additional treatment or other service plan recommendations, and is at risk for non-payment for methadone and welfare sanction.

Under “Forms,” select “At Risk OMT” and enter the recommended information in each field:

AT RISK OMT

Recipient Name: Jean Poole

Level(s) of Care: OMT, 2.1

Scheduled Tx Start: 4/12/16

Treatment Providers: New Horizons Treatment Services for OMT and IO

Treatment Schedule Info For Each LOC: Daily OMT and IOP, Monday, Tues., and Thurs. 9-

Meth detox start date: N/A

Other Requirements: Client must attend scheduled psychiatric evaluation and provide weekly UDS.

Follow up Date: N/A

Care Coordinator: Stacey Wolff

Create

Next, select “Create” and you will be directed to the “Agreements/Releases” page where the Agreement can be printed in English or Spanish. Once printed, the document must be signed by the client and the CC. The CC will then indicate on the release page that the document was signed and then will fax the signed copy to the PA Unit to be uploaded.

EE Agreement – This agreement is used every time a client is sent for a Level 1 EE and a UDS-Only extended evaluation.

EXTENDED EVALUATION AGREEMENT

Client Name: Jean Poole

Sessions:

Date: 4/1/2016

Care Coordinator Name: Stacey Wolff

Create

You will notice that most fields have auto-filled and that the top dropdown has defaulted to "New." Please check this information for accuracy and edit if necessary before creating the agreement. These are the fields that the system auto-fills:

- ✓ "Client Name"
- ✓ "Date" - This is the date that you are creating the EE Agreement.
- ✓ "Care Coordinator Name" - This is the name of the 'Managing' Care Coordinator.

You must manually enter the number of weekly outpatient individual EE sessions, 0-4. Choose "**Create**" when finished entering and verifying all information.

- ✓ Proceed to the "Agreements/Releases" page.
- ✓ If the client agrees to sign this agreement, print it in either the English or Spanish language (as described previously).
- ✓ Ask the client to sign and date it and then update the "Status" to "Signed." If the client refuses to sign, update the "Status" to "Refused."
- ✓ Fax the signed and dated agreement to the PA Unit for processing. This agreement is assigned a unique identification number by the system. (See above for further details.)

Refusal Of Treatment – This form is used at any point during an Episode of Care when a client refuses to attend treatment.

NEW JERSEY

Home Search Client Client Referral Assessment Treatment Service Log Forms System User Management PA Unit Reports Queries

Client: Jean Poole (60041502-1) DOB: 07/25/1975 Sex: F Program: GA-DYFS Care Coordinator: Stacey Wolff

The Case Is Open

Agreements/Releases
General Release
Health Release
Multi Agency Release
At Risk OMT
EE Agreement
Refusal Tx
Tx Agreement
HIPAA
SAIClops Releases
Tx Service Form

REFUSAL TX

(New) ▼

Client Name: Jean Poole

Date: 4/1/2016

Care Coordinator Name: Stacey Wolff

Recommendations:

Create

Treatment Agreement – The CC will use this agreement every time a client agrees to go to treatment, including OMT. This form is used at the time of the ASI and all subsequent follow-ups for treatment provider and/or LOC changes. This form differs from the At-Risk OMT Agreement.

NEW JERSEY

Home Search Client Client Referral Assessment Treatment Service Log Forms System User Management PA Unit Reports Queries

Client: Jean Poole (60041502-1) DOB: 07/25/1975 Sex: F Program: GA-DYFS Care Coordinator: Stacey Wolff

The Case Is Open

Agreements/Releases
General Release
Health Release
Multi Agency Release
At Risk OMT
EE Agreement
Refusal Tx
Tx Agreement
HIPAA
SAIClops Releases
Tx Service Form

TX AGREEMENT

(New) ▼

Client Name: Jean Poole

Care Coordinator Name: Stacey Wolff

Assessed Care Level:

Agreed Care Level:

Treatment Start Date:

Treatment Providers:

Treatment Schedule:

Additional Plan Requirements:

Create

You will notice that some fields have auto-filled and that the top dropdown has defaulted to "New." Please check this information for accuracy and edit if necessary before creating the agreement. These are the fields that the system auto-fills:

- ✓ "Client Name"
- ✓ "Care Coordinator Name" - This is the name of the 'Managing' Care Coordinator.

You must manually enter the following information:


- ✓ The assessed and agreed care levels and treatment start date.
- ✓ The Treatment Provider name(s).
- ✓ The days and hours that the client is scheduled for treatment.
- ✓ Any additional service plan recommendations.

Choose "**Create**" when finished entering and verifying all information.

- ✓ Proceed to the "Agreements/Releases" page.
- ✓ If the client agrees to sign this agreement, print it in either the English or Spanish language (as described previously).
- ✓ Ask the client to sign and date it and then update the "Status" to "Signed." If the client refuses to sign, update the "Status" to "Refused."
- ✓ Fax the signed and dated agreement to the PA Unit for processing. This agreement is assigned a unique identification number by the system. (See above for further details.)

HIPAA Acknowledgment

All clients are required to receive a copy of the WFNJ SAI/BHI privacy policies regarding the use of, and disclosures of, the protected health information that is collected in their record. All clients are required to sign an acknowledgement that they have received a copy of our privacy policies. Under "Forms," select "HIPAA" and then "Create."

A screenshot of a web application interface for creating a HIPAA Acknowledgment. On the left is a blue sidebar menu with a list of options: "Agreements/Releases", "General Release", "Health Release", "Multi Agency Release", "At Risk OMT", "EE Agreement", "Refusal Tx", "Tx Agreement", "HIPAA", "SAI/Clops Releases", and "Tx Service Form". The "HIPAA" option is highlighted in yellow, and a black arrow points to it from the right. The main content area has a white background. At the top, it says "HIPAA ACKNOWLEDGEMENT". Below this is a text input field and a dropdown menu showing "(New)". A blue button labeled "Create" is positioned below the input field.

The CC will be directed to the "Agreements/Releases" page where the HIPAA Acknowledgment can be printed in English or Spanish; the document is signed by the client and the CC. The CC will then indicate that the document was signed and then will fax the signed copy to the PA Unit to be uploaded.

Treatment Service Form (formerly Recipient Treatment Service Form) - to be given to the client following the assessment and all subsequent follow-ups, with instructions, client appointments, information, etc..

You will notice that some fields have auto-filled and that the top dropdown has defaulted to "New." Please check this information for accuracy and edit if necessary before creating the agreement. These are the fields that the system auto-fills:

- ✓ "Client Name"
- ✓ The current date.
- ✓ "Care Coordinator Name" - This is the name of the 'Managing' Care Coordinator.
- ✓ The managing CC's telephone number.

You must manually enter the following information:

- ✓ The Treatment Provider name(s) and address(es).
- ✓ The date and time of the intake appointment(s).
- ✓ The date of GA/TANF recertification, write "unknown" if the client does not know.
- ✓ List all medical linkages and any other linkages (domestic violence, dental, trauma, etc..) made for the client and any other notes.
- ✓ Select "Print" or "Print Spanish" to print the form in the language of choice.

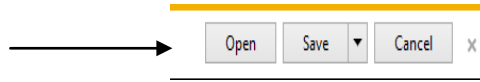
Client Letters

There are nine client letters, all available in both English and Spanish that are to be used for client notification purposes. These letters are used for appointment reminders, missed appointments, or other case information such as case closure notices or sanction warnings.

Whenever possible, the system will auto-populate **editable** fields on each letter with existing system data such as appointment information, referral information (i.e., Case Worker names) and the phone

number of whom the client should call in the event that there are any questions. Also, the client's mailing address and the appropriate return mailing address automatically print on the letter.

- ✓ To print a letter, select the letter that you wish to print.
- ✓ Open the letter by clicking on the letter title.
- ✓ Select "Open" from the bottom toolbar.



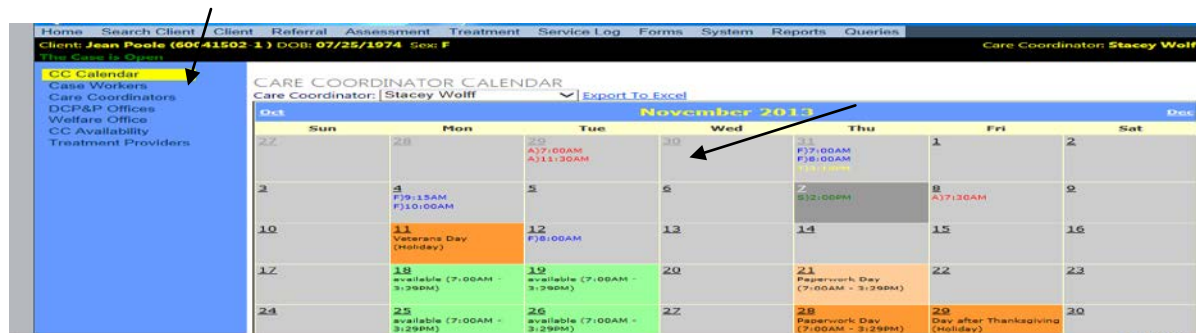
- ✓ Review the letter for accuracy before printing and make any necessary changes. Remember, there are many editable fields that can be modified (i.e., appointment times, locations, phone numbers, etc.) **All information must be verified before sending any letter to the client.**
- ✓ When finished reviewing, go to "File" on the top toolbar (see above.)
- ✓ Select "Print" from the pop-up menu to print the letter.

IX. SYSTEM

This heading has 7 sections, including what is known as the Master Maintenance screens. This section has the CC Calendar and CC Availability (entered by ACCs/SCs,) and also permits staff to see/add CWA Caseworkers, DCP&P Caseworkers, DCP&P Offices, and Treatment Providers (Treatment Provider Directory.)

CC Calendar

- ✓ Located under “System” on the top toolbar.
- ✓ Select “CC Calendar” and the name of the CC whose calendar you wish to display.



The “CC Calendar” shows all of the Care Coordinator’s scheduled appointments (and appointment *locations* when scrolling the cursor over the appointment) and can be exported to Excel for printing purposes.

(Select “Export to Excel”)

The following key shows the type of appointments that display on the calendar and their correlating codes.

- ❑ A=Assessment
- ❑ T=Tentative
- ❑ F=Follow up
- ❑ S=Standby

Editing WELFARE, SAIF, DCP&P, EA, Or DCP&P Supervisor Information In The Internal Directory

In order to edit a Case Worker's contact information, go under the "System" tab located on the top toolbar and select "Case Workers" from the left margin.

NCADD NEW JERSEY Test System ATLANTIS SAI/BHI SYSTEM
Welcome acc! [Settings | Log Out]

Home Search Client System Reports Queries

CC Calendar
Case Workers
Care Coordinators
DCP&P Offices
Welfare Office
CC Availability
Treatment Providers

CASE WORKERS
County: Atlantic Active

Sorry, there are no record(s). Please click on Add to insert new record.

Delete Add

Search for the particular Case Worker whose information requires editing. Choose the "County" and type the Case Worker's partial name into the search bar to narrow down your search. A list of names will be displayed.

NCADD NEW JERSEY ATLANTIS SAI/BHI SYSTEM
Welcome acc! [Settings | Log Out]

Home Search Client System Reports Queries

CC Calendar
Case Workers
Care Coordinators
DCP&P Offices
Welfare Office
CC Availability
Treatment Providers

CASE WORKERS
County: Cumberland diane Active

	First Name	Last Name	Phone	Inactive?
<input type="checkbox"/>	Linda (Diane)	Walker	800-531-1228x118	N
<input type="checkbox"/>	Diane	Eimer	856-453-3830	N

Delete Add

Select the Case Worker of your choice by clicking on the 'link.'

Edit Case Worker.

First Name Diane
Last Name Eimer
County Cumberland
Inactive? No
Phone# 856-453-3830 x
Cell#
Fax# 856-453-3904
Email

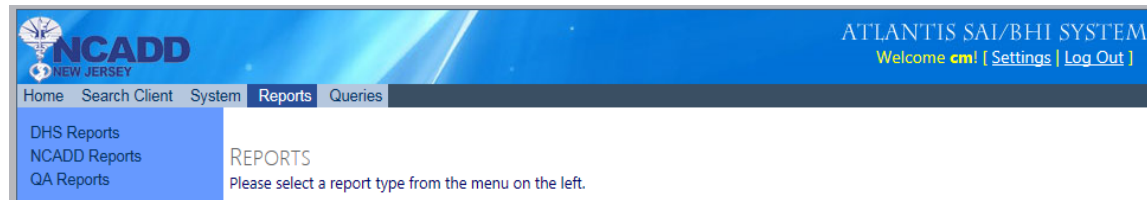
☒ DCP&P Case Worker
☐ SAIF Case Worker
☐ EA Case Worker

OK Cancel

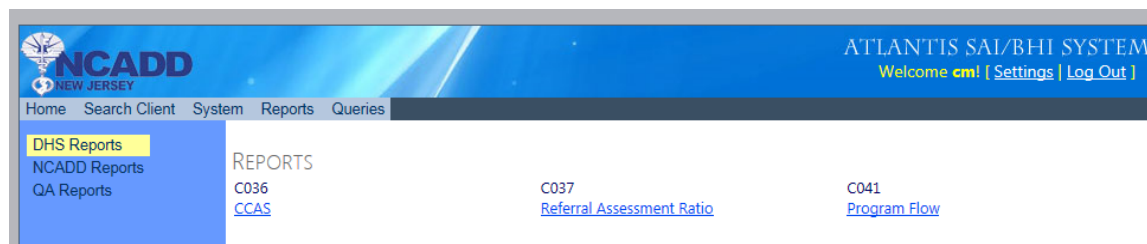
This pop-up will be displayed and it is here that you can modify any of the information of your choice. Select "OK" to save your changes.

X. REPORTS

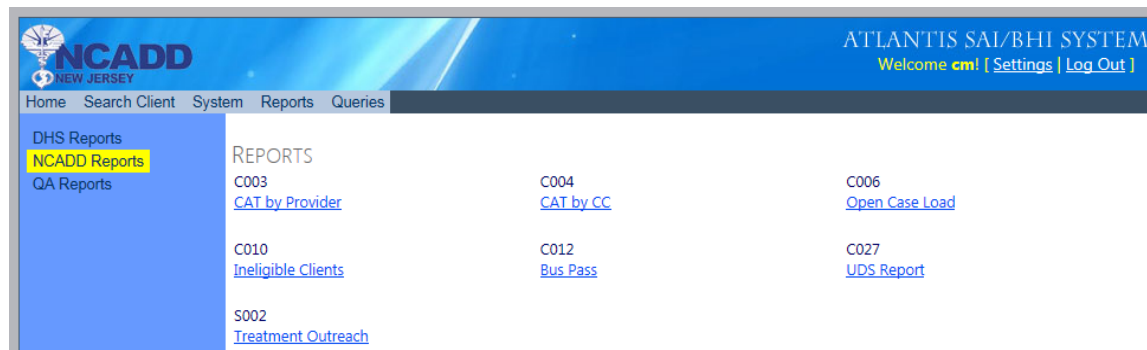
All staff members have the ability to access various reports and queries that can be used for quality assurance, client care management, and program monitoring:



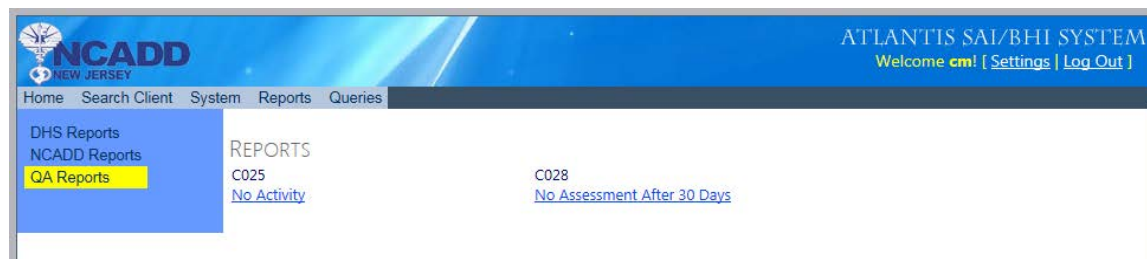
Available “DHS” Reports:



Available “NCADD” Reports:

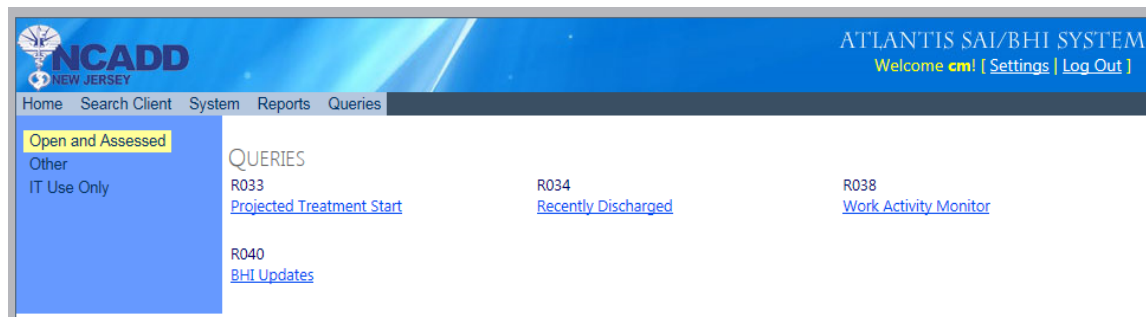


Available “QA” Reports:

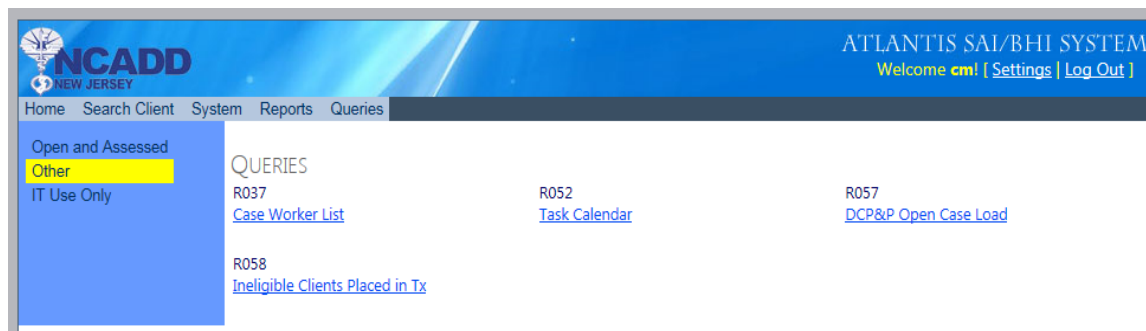


XI. QUERIES

Available “Open and Assessed” Queries:



Available “Other” Queries:

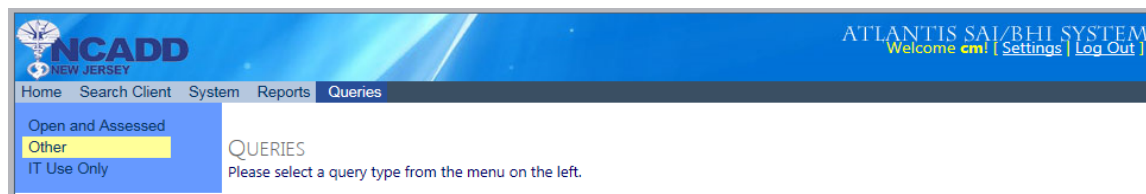


Task Calendar

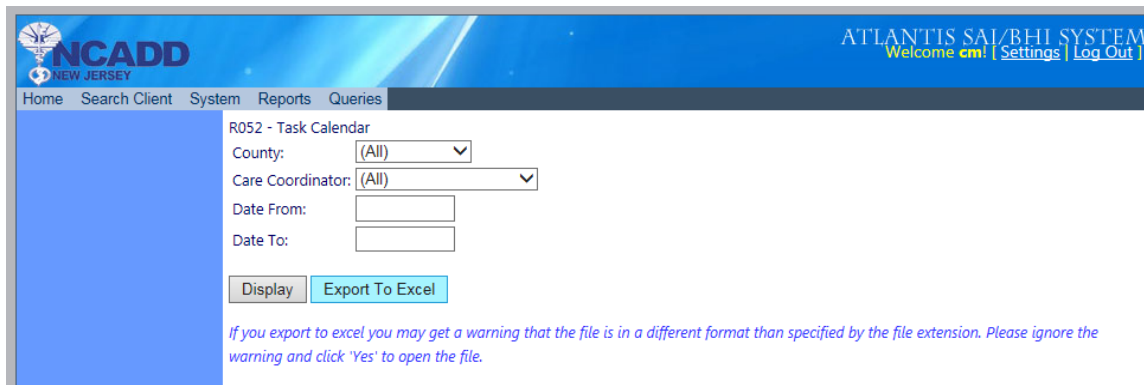
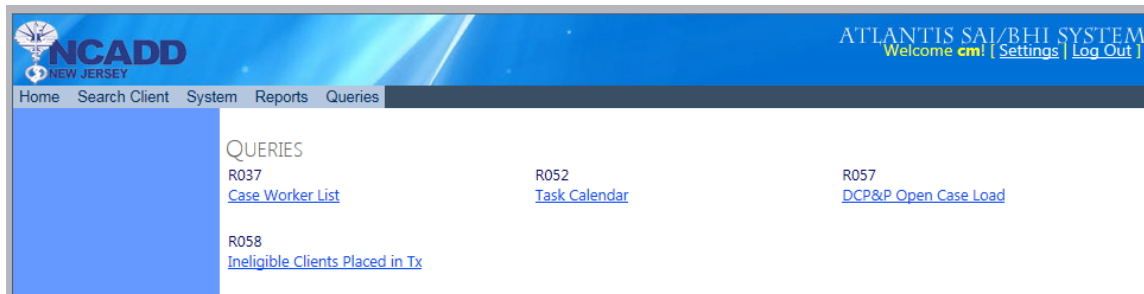
Atlantis has a “Task Calendar” feature that allows staff to view a specified county's appointment schedule for a Care Coordinator. There are two ways to view a Care Coordinator’s Task Calendar:

Option #1 ~ to display the “Task Calendar” under the "Query" tab:

- ✓ Log in to display the Atlantis system.
- ✓ From the Atlantis ‘Home’ page, click on "Queries" and then “Other.”



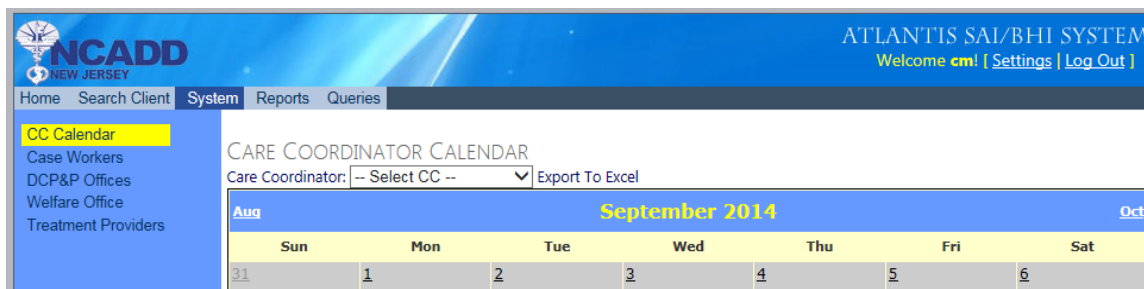
- ✓ Click on the “R052 /Task Calendar” link.



- ✓ Select the “County” and “Care Coordinator” from the dropdowns
- ✓ Enter “Date From” and then “Date To,” you must enter tomorrow’s date in the “Date To” in order to pull up the list for today.
- ✓ Select either “Display” or “Export To Excel” to view the Task Calendar for the specified date range.

Option #2 ~ to display the “Task Calendar” under the "System" tab:

- ✓ Log in to the Atlantis system.
- ✓ From the Atlantis ‘Home’ page, click on "System" tab and then “CC Calendar”.

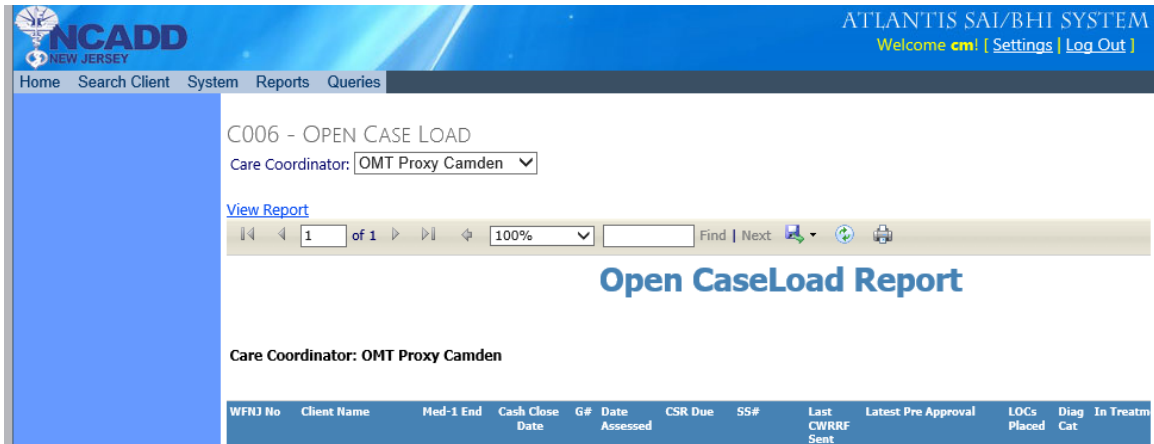


- ✓ Select “Export To Excel” to view the Task Calendar. Appointments that are listed begin with the current date. All future scheduled appointments are listed, as well.

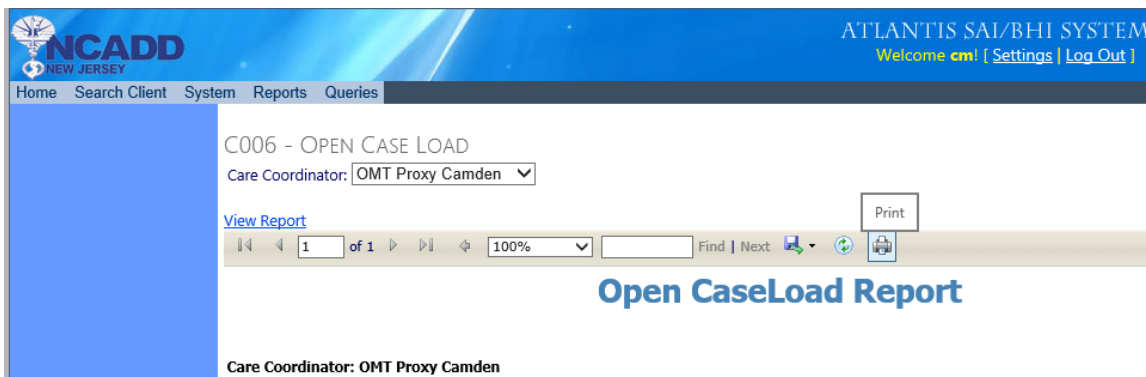
Printing A Report Or Query

Once you have selected the report or query you would like to print:

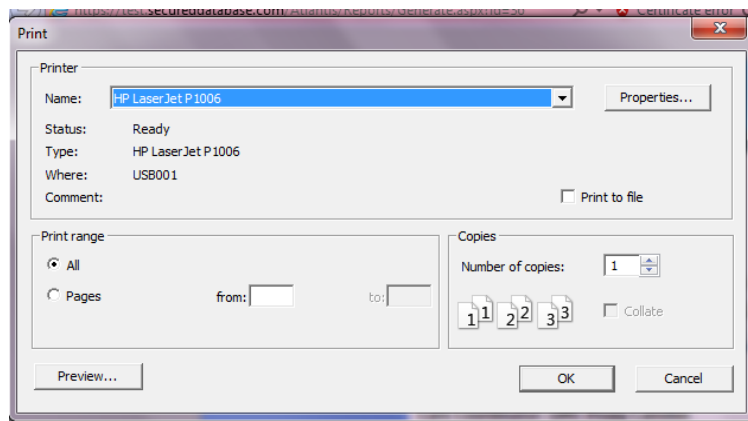
- ✓ Select “[View Report](#)”



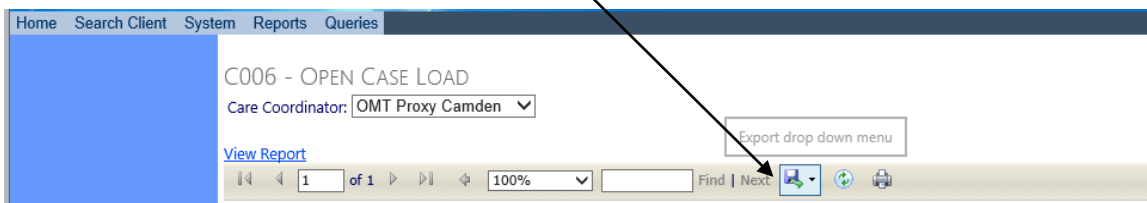
- ✓ Select the Printer Icon () on the toolbar.



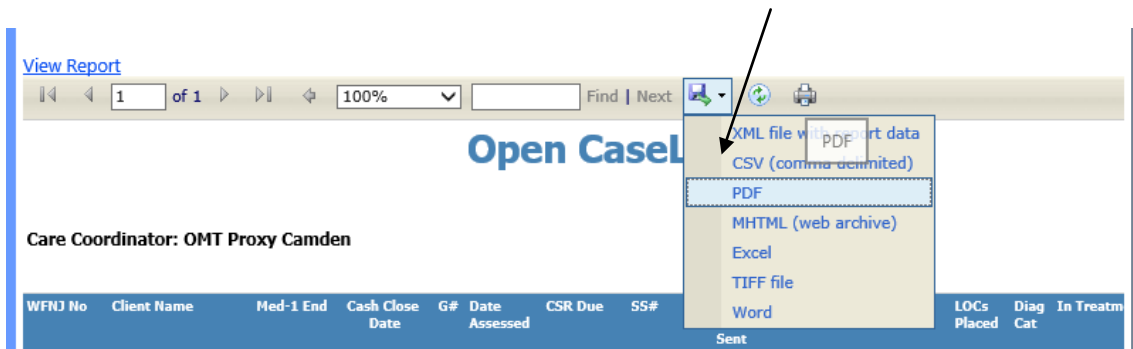
- ✓ Select “OK” after confirming the name of the printer.



Please note that the printer icon will only be available if you are using Internet Explorer as your web browser. If using a different browser you will need to export the report to a PDF or Excel spreadsheet prior to printing. To export a report click here:



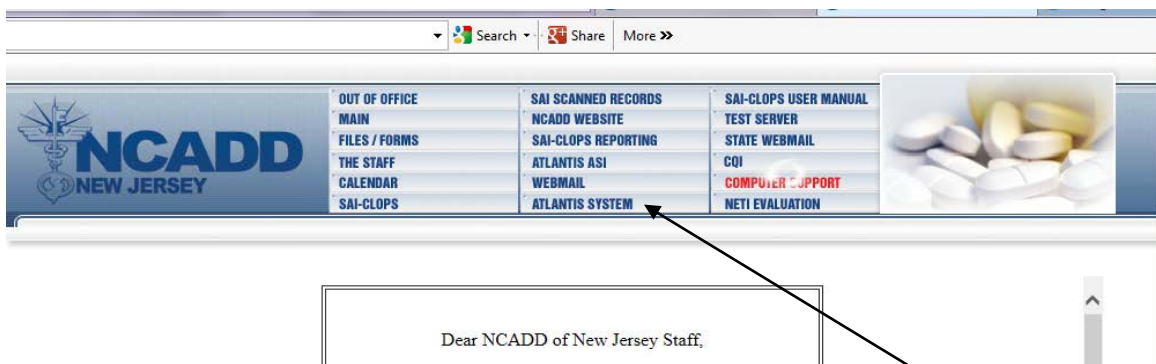
Choose the document type that you prefer to use from the dropdown.



Print your document.

XII. ATLANTIS TOOLS

How To Change Your Atlantis Password



Go to the NCADDNJ Information Home Page – www.ncaddnjinfo.org and select the “Atlantis System” tab. Then, select "Settings."

A screenshot of the Atlantis SAI/BHI SYSTEM 'CHANGE PASSWORD' page. The page has a blue header with the NCADD logo and a navigation bar. The main content area is titled 'WELCOME TO ATLANTIS SYSTEM' and includes a 'CHANGE PASSWORD' section. The form contains three input fields: 'Old Password:', 'New Password:', and 'Confirm New Password:'. A 'Change Password' button is located at the bottom right of the form. Arrows point from the text instructions to the respective fields and the button.

Enter your old password and then your new password. Confirm the new password and select “Change Password.”