# AccuCare Workflow Guide

This is a general guide to the AccuCare clinical workflow. All workflows may vary. Use for reference and training only.

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#### Main Menu:

- Navigate to any of the main modules in AccuCare by selecting the associated Icon
- Left navigation pane and ribbon allows user to access any module within AccuCare without having to exit back to the main menu.
- **Top Ribbon** can be personalized for each user. Users can choose which Icons to display which





# **PRE-ADMISSION: CLIENT INTAKE**

#### Adding New Client: Client Intake



 You can use [Search] or
 [Display All] to see if the client is already in AccuCare, or create a new one by entering in the most basic information

• On **Demographics Tab** - Click the [Add New Client] button to add new client to the database and enter their demographic information.

earch by:      East Name     Date Of Birth     Deter SSN     Client Reference #     Begins with or matches:     Search     Display All     Dis	ient Intake							
Begins With or matches:       Search       Upplay An         Client Name:       First Encounter Date:       Multi-Dimensional Assessment       Comments         Edit       Contoct Information       Address:       Phone 1:         Main       Marital Status:       Phone 2:         Date of Birth:       Work Status:       Phone 3:         Gender:       Race:       Religion:         Client Reference #:       Ethnic Group:       Military Background:         Military Status:       Family Members with Military Background:         Military Brack:       Number of Family Members in Military:         Additional:       Privacy Agreement Signed:       Archived:	arch by: 🔘 Last Name 💮 Date Of Birth (	Phone 💿 SSN 💿 Client Reference # 💿 Billing Reference #	Name	DOB	Phone	SSN	Client Ref #	Billing Ref #
Level of Care:       Location:         Demographic       Case Management       Billing       Payers       Fee Schedule       Referrats       AI/AN       Custom Forms       Multi-Dimensional Assessment       Comments         Ecit	Begins with or matches:	Search Display All	No clients to display.					
Edit         Mair         Client Name:       First Encounter Date:         Nickname:       Marital Status:         Date of Birth:       Work Status:         Gender:       Race:         Social Security #:       Religion:         Client Reference #:       Ethnic Group:         Légal Status:       Phone:         Involved with Child Protective Services:       Military Status:         Current Probation Status:       Military Status:         Family in Criminal Justice System:       Archived:	Level of Care:	1 1						
Main       Contact Information         Client Name:       Marital Status:         Date of Birth:       Work Status:         Gender:       Race:         Social Security #:       Religion:         Client Reference #:       Ethnic Group:         Involved with Child Protective Services:       Military Status:         Current Parole Status:       Family in Criminal Justice System:	Demographics Case Management	Billing Payers Fee Schedule Referrals Al	VAN Custom Forms	Multi-Din	ensional Asses	sment Co	omments	
Client Name:       First Encounter Date:         Nickname:       Marital Status:         Date of Birth:       Work Status:         Gende:       Race:         Social Security #:       Religion:         Client Reference #:       Ethnic Group:         Legal Status:	Edit							
Nickname:     Marital Status:       Date of Birth:     Work Status:       Gender:     Race:       Social Security #:     Religion:       Client Reference #:     Ethnic Group:         Legal Status:       Current Parole Status:       Current Parole Status:       Family in Criminal Justice System:         Military Status:       Current Parole Status:         Family in Criminal Justice System:         Phone 2:         Phone 3:   Email: Email: Emergency Contact:         Military Status:         Current Parole Status:         Family in Criminal Justice System:         Additional            Privacy Agreement Signed:	Main		-Contact Information-					
Include:     India Justice.       Date of Birth:     Work Status:       Gender:     Race:       Social Security #:     Religion:       Client Reference #:     Ethnic Group:         Legal Status:	Client Name:	First Encounter Date:	Address:			Phone 1:		
Date of Birth:     Work Status:       Gender:     Race:       Social Security #:     Religion:       Client Reference #:     Ethnic Group:         Legol Status          Involved with Child Protective Services:       Current Parole Status:       Family in Criminal Justice System:         Katter Status           Family in Criminal Justice System:       Katter Status        Family in Criminal Justice System:       Katter Status        Katter Status                Katter Status             Katter Status             Katter Status          Katter Status                Katter Status                  Katter Status <td>Nickname:</td> <td>Marital Status:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Nickname:	Marital Status:						
Gender:     Race:       Social Security #:     Religion:       Client Reference #:     Ethnic Group: <i>Legal Status</i> Involved with Child Protective Services:       Current Position Status:       Current Position Status:       Current Parole Status:       Family in Criminal Justice System:         Family in Criminal Justice System:         Image: Contact:         Privacy Agreement Signed:         Archived:	Date of Birth:	Work Status:				Phone 3:		
Social security #:     Religion:       Client Reference #:     Ethnic Group:         Legal Status:     Family Members with Military Background:         Involved with Child Protective Services:       Current Probation Status:       Current Probe Status:       Family in Criminal Justice System:         Additional   Privacy Agreement Signed:		Race:				Dhamas		
Legal Status Levent View of Child Protective Services: Current Probation Status: Current Probation Status: Family in Criminal Justice System:		Religion:	Emergency Contact:			Phone:		
Legal Status       Military Status:       Family Members with Military Background:         Involved with Child Protective Services:       Military Branch:       Number of Family Members in Military:         Current Probation Status:       Additionol:       Additionol:         Family in Criminal Justice System:       Privacy Agreement Signed:       Archived:	Client Reference #:	Ethnic Group:						
Current Parole Status: Current Parole Status: Family in Criminal Justice System: Additional Privacy Agreement Signed: Archived:	Legal Status				Family Me	mbers with M	ilitary Background:	
Current Parole Status: Family in Criminal Justice System: Additional Privacy Agreement Signed: Archived:	Involved with Child Protective Services:		Military Branch:		Number o	f Family Mem	bers in Military:	
Current Parole Status: Family in Criminal Justice System: Privacy Agreement Signed: Archived:	Current Probation Status:							
	Current Parole Status:		Additional					
Add New Client Delete Client Print File and Sign Referral Source Setup Export Close	Family in Criminal Justice System:	/	Privacy Agreement Sig	ned:		Archived	1:	
Add New Client Delete Client Print File and Sign Referral Source Setup Export Close			<u> </u>					
		Add New Client Delete Client Print File	and Sign Referral So	urce Setup	Export	Close		



- Fill out the fields in *Main, Contact Information, Legal Status, Military* and *Additional* of the demographic dialog box.
- Not all fields are required.
- Recommend discussing as group to gain consensus on what field should be filled out.

Begins with or r			rence # Billing Reference # Search Display All	Abbey, Jan			232-32-22		
				Abbey, Juli	a 03/07/1975	(555) 555-452	4 789-78-79	977 987979797	98797979
emographics									
Main				Contact Inform	mation				
Title:	Miss 👻	First Encounter Date:	03/15/2016	Address 1:	1512 South St				
First Name*:	Julia	Marital Status:	Married 💌	Address 2:					
Middle Name:		Work Status:	Part-time (regular hot 🔻	City:	Omaha				
Last Name*:	Abbey	Religion:	Catholic 🔻	State:	NE		Zip Code:	68130	
Date of Birth:	03/07/1975	Religion Other:		Phone 1:	(555) 555-4524		x	Home	-
Gender*:	F 💌	Race:	American Indian 🔹	Phone 2:	<u> </u>		x	Home	-
Social Security #:	789-78-7977 🔲 False SSN	Ethnic Group:		Phone 3:	(_)		Х	Home	•
Last Name at Birth:				Email:					
Client Reference #:	987979797				ntact Information				
Nickname:				Full Name:	Janet Test		Relation:	sister	
egal Status				Phone:	(402) 454-5444		Home	*	
5	vith Child Protective Services:	Yes	•	Military					
State: ND	▼ State	Other		Military Status		Ret	ired	*	
Current Probation S	tatus:	Juve	nile 🔻	Military Branc	h:	Air	Force	•	
Program: Trib	al Probatic V Progr	am Other:		Client has fam	ily with Military Background	d: Dor	n't know 🔹		
Current Parole Statu	5:	Juve	mile 🔹	Number of far	mily members in Military:			Don't know 🔘 R	fused
State: ND	▼ State	Other:		Additional					
Do you have any far	mily involved in the criminal jus	tice system?	-		ment Signed: 🔽	Arc	hived:		
				Concernence of the other	noncontra e nancos litera				



### Case Management Tab:

- Click the Case Management Tab
- Click the [**Edit**] button to open this dialog box

earch by: 💿 Last Name 💿 Date Of Birth 💿 Phone 💿 SSN 💿 Clie	ent Reference # 🔘 I	Billing Reference #	Name	DOB	Phone	SSN	Client Ref #	Billing Ref
Begins with or matches:	Sean	ch Display All	Doe, John	10/31/20	14			
Client Name: Doe, John Level of Care: No Episode Assigned Location:			-					
Demographics Case Management Billing Payers	Fee Schedule	Referrals Al/A	AN Custom For	ns Multi-D	imensional Asses	ssment Ci	omments	
Edit								
Case Management								
Assigned Agency: DEFAULT		Categ	gory 1:					
Assigned User: TECH4		Categ	gory 2:					
		Categ	gory 3:					
		Categ	gory 4:					
		Categ	gory 5:					



- Assigned Agency will show you which agency and group of clinicians the client is assigned to.
- Assigned User is usually the person who added the client to the database as new client.
- Client Categories allows you assign up to 5 tags per client from a picklist created in Setup > Client Categories.





#### **Billing Tab:**

- Complete the Billing Tab if you subscribed to Billing.
- Click on the Billing Tab
- Click [Edit] button to open the billing dialog box

begins with of matches     test     Search     Display All       Client Name:     Test Joe     Location:     Multi-Dimensional Assessment     Comments       Exit     Exit     Al/AN     Custom Forms     Multi-Dimensional Assessment     Comments       Edit     Exit     Exit     Exit     Exit     Comments     Comments       Edit     Exit     Exit     Exit     Comments     Comments       Edit     Exit     Exit     Exit     Comments       Statement Name:     Address:     Exit     Client Consent       Phone:     Exit     Refease of Info on File:       Release of Info Date:     Client given Informed Consent:       Asing Payment to Agency:     Asing Payment to Agency:	rch by: 🔘 Last Name 💿 Date Of Birth 💿 Phone	Son Son Scienci Reference			est, Joe					
Level of Care: No Episode Assigned Location: emographics Case Management Billing Payers Fee Schedule Referrals Al/AN Custom Forms Multi-Dimensional Assessment Comments Edit Statement Information Statement Comment: Hold Statement: Self Pay: Deferince Physician	Begins with or matches: test		Search Display A		isi, Joe					
Edit       Reference Numbers         Statement Name:       Billing Reference #:         Address:       Billing Reference #:         Phone:       Client Consent         Statement:       Release of Info on File:         Statement:       Release of Info Date:         Client given Informed Consent:       Assign Payment to Agency:         Self Pay:       Client's Condition	Level of Care: No Episode Assigned									
Statement Information Statement Name: Address: Phone: Statement Comment: Hold Statement: Self Pay: Self Pay:	Demographics Case Management Billing	Payers Fee Sched	ule Referrals	AI/AN	Custom Forms	Multi-Di	mensional Assess	ment Co	mments	
Statement Name:     Billing Reference #:       Address:     Client Consent       Phone:     Release of Info on File:       Statement:     Release of Info Date:       Hold Statement:     Client given Informed Consent:       Self Pay:     Assign Payment to Agency:										
Address: Phone: Statement: Hold Statement: Self Pay: Client Consent: Release of Info Date: Client given Informed Consent: Assign Payment to Agency: Client's Condition	Statement Information			Refer	ence Numbers					
Phone: Statement: Hold Statement: Hold Statement: Self Pay: Client Consent: Release of Info Date: Client Jonent: Release of Info Date: Client Jonent: Assign Payment to Agency: Client's Condition- Client's Condition-	Statement Name:			Billin	g Reference #:					
Phone:     Release of Info on File:       Statement Comment:     Release of Info Date:       Hold Statement:     Client given Informed Consent:       Self Pay:     Assign Payment to Agency:	Address:			Clien	t Consent					
Statement: Release of Info Date: Client given Informed Consent: Assign Payment to Agency: Client's Condition Client's Condition	Phone:									
Hold Statement: Self Pay:  Referring Physician	Statement Comment:									
Hold Statement: Self Pay: Referring Physician						tent				
Self Pay:	Hold Statement:				C Edit of the state of the state of the					
Referring Physician	Self Pay:									
Condition Related To:	Referring Physician			5						
No										
	Name: NPI #:									
NPI =: First Date of Illness:	1971 7.			First	Date of Illness:					



- The newly added client is automatically assigned a Billing Reference number once you open this dialog box
- You will need to click on [Copy form Demographics] button.
- Fill out (*if applicable*) Referring Provider, Client's Condition and Billing Comments.

by: ● Last Name ● Date Of Birth ● Phone ● SSN ● Client Reference ≠ ● Billing Begins with or matches: test Search Client Name: Test John	g Reference # Name Display All Test, John	DOB 10/20/1980	Phone 5: (402) 999-9999 12	5N Client Ref # 21-21-2121	Billing Ref # BIL-01TESJOH
Billing Information			/		
Billing Reference #: BIL-01TESJOHM	Statement Inform	ation			
Client Consent	Copy from Dem	nographics			
Release of Info on File	First Name:	John	Last Name:	Test	
Release of Info Date: Enter Date	Address 1:	1234 A Street			_
Client Given Informed Consept	Address 2:				
Assign Payment to Agency	City:	Omaha			
Referring Provider	State:	NE	<ul> <li>Zip:</li> </ul>	68130	
First Name: Sally Middle Initial:	Phone:	(402) 999-9999	x	Home	•
Last Name: Johnson Suffix:	Statement Comm	ient:			
NPI #: 1245319599	Hold Client St.	atement			
Client's Condition	Self Pay				
Condition Related To: Finployment	Billing Comments	5			
Other Accident					
Auto Accident Location (State): MA -					
Date of Current Illness: Enter Date					
First Date of Illness: Enter Date					
Dates Unable to Work: Enter Date					0.
Dates Hospitalized: Enter Date III to Enter Date					



### Payers Tab

- Complete the Payers Tab if you want to assign/associate a Payer to the client.
- Click on the Payers Tab
- Click the [Add New Payer Plan] button to open the dialog box
- You can also edit existing Payers if they are already associated to the client.

arch by: 🔘 Last Name					Test, Joe					
Begins with or n			Searc	h Display All	lest, Joe					
Client Name: Level of Care: Location:	Test, Joe No Episode Assig	ined								
Demographics Ca	se Management	Billing Payers	Fee Schedule	Referrals Al/AN	I Custom Forms	Multi-Dim	ensional Assessment	Comn	ments	
Add New Payer Plan										
Automation Default	Payer Type	Payer Name	Plan Name	Plan Type	Effective Date	End Date	ID Number		Held Edit	Delet
o records to display.										
lo records to display.										



- Go through column 1 choosing from picklists, enter dates and type in information.
- Under column 2 click the [Copy from Demographics] button
- Put in any **Plan Notes** (if applicable)

h by: 💿 Last Name 🔘 Date Of Birth 🌒	0011				st. John	10/20/1980	(402) 999-9999	121-21-2121		BIL-01TESJO
Begins with or matches: test Client Name: Test, John Level of Care: No Episode Assig Location:	Payer Type*:		rch Disola	red's Informati	2					
mographics Case Management	Payer Type : Payer Name*:	(ABH) Aetna Better Hea	iti 👻	Name*:	Copy from Demo	ographics		Comme	nts	
dd New Payer Plan	Plan Name:	ABH Rates	Mide	dle Name:						
tomation Default Payer Type	Effective Date*: End Date:	07/01/2017	Last Suffi	Name*:	Test			H	leld Edit	Delete
1 🖌 Insurance	Plan Type*:	Primary	- Add	ress 1*:	1234 A Street				Ø	X
	Insured's ID*:	63454623	Add City*	ress 2:	Omaha					
	Group #:		State		NE *					
	Group Name: Relationship to	Self	Zip*:		68130					
	Insured*:	Set as Default Plan		der*: e of Birth*:	M • 10/20/1980					
		Hold		loyer/School: ne 1:	()	x	ome 🔻			
	Automation Order:	1		ne 2:			ome 🔻			
A	Plan Notes:							2		



#### Fee Schedule Tab

- Complete the Fee Schedule Tab if you have a client that has a specific fee schedule.
- Click on the Fee Schedule Tab
- Click the [Edit] button to open the dialog box

arch by: 💿 Last Nam		Phone @	SSIN Che			nce +	lame	DOB	Phone	SSN	Client Ref #	Billing Ref
Begins with or	matches: test			Se	earch Displa	ay All	est, Joe					
Client Name: Level of Care: Location:	Test, Joe No Episode Assi	igned										
Demographics C	Case Management	Billing	Payers	Fee Schedule	Referrals	AI/AN	Custom Forms	Multi-D	imensional Assess	ment Co	omments	
				ree schedule	netenois							
Edit				Tee Schedule	( neterious							
Service						fault Units	Default Ame	ount	Fee Sch	nedule Units	Fee Schedule A	Amount
Edit Service o records to display.						fault Units	Default Am	ount.	Fee Sch		Fee Schedule A	àmount



- You can assign a fee schedule amount to override the client's insurance billing.
- Select the services you wish to assign the client by typing in the Fee Schedule Units and Fee Schedule Amount.

Begins with or mai Client Name: Level of Care: Location:	Date Of Birth ● Phone ● SSN ● Client Reference ≠ ● Billing ches: test	g Reterence # Display All	Name Test, Jol		DOB 10/20/1980	Phone (402) 999-999	SSN 99 121-21-2121	Clien	t Ref # Billing Ref # BIL-01TESJOHM
Demographics Case	Management Billing Payers Fee Schedule Re	eferrals Al/A	N	Custom Forms	Multi-Din	ensional Assess	ment Comn	nents	
Edit	Fee Schedule								
Service					📄 Sho	w only Services	with a Fee Schedu	le	hedule Amount
Assessment/ Evaluation						Fee			\$50.00
Family Counseling	Service	Default Unit	s	Default Amount		Schedule Units	Fee Schedule Amount		\$100.00
	Anger Management		1.000	~	\$100.00		5	-	
	Art Therapy		1.000		\$65.00		5		
	Assessment/ Evaluation		1.000		\$125.00	1 9	50		
	Crisis Intervention		1.000		\$115.00		5		
	Family Counseling		1.000	*	\$125.00	1	5 100		
	General		1.000		\$75.00		5	Ц	
	Group Counseling		1.000		\$100.00		5	-	
		Save	Cancel						



#### **Referral Tab**

- Click the Referrals Tab if you want to record a referral record for the client, either incoming or outgoing.
- Click the [Add] button to add a referral to your client records.

arch by: 🔘 Last Name 🔘 Date C	f Birth 🔘 Phone (	SSN 🔘 Clie	nt Reference # ()	Billing Reference		DOB		Leon and a second		Billing Ref #
Begins with or matches:	test		Sea	arch Display /	All Test, John	10/20/1980	(402) 999-9999	121-21-2121		BIL-01TESJOH
Client Name: Test, Jol Level of Care: No Epis Location:	in ode Assigned									
Demographics Case Manager	nent Billing	Payers	Fee Schedule	Referrals	Al/AN Custom	Forms Multi-Dime	ensional Assessme	nt Comm	ients	
Add										
Date of Referral Name		Agency	Co	ontact	Туре	Results	Edit	Delete Print	File & Sign	Signed
lo records to display.										2
No records to display.					X					J



- Choose the radio button for type of referral you are creating
- You can select an existing **Referral Source** from the drop down list or create a new one to be added to the list by clicking on the <u>Add New</u> link
- Under **Referral Details** you can tag more details to the referral record.
- You can customize each picklist
- Type in any comments in the **Referral Comment** dialog box

122		rd					1223				
	elect Referral Type: O In Referral Source	coming Outgoing	g 🖲 Noni	•	F	eferral Date: 01/19/2	018				
raphics	Search for a Referral So new Referral Source det		lect an exi	sting Referral Source o	or add		No Episode Assigne	d		•	
			earch for F	leferral Source by Attr	ibutes	-			▼ Add/E		
f Referral	Select Referral Source:	Canku Teca - Lake A	Andes, Can	ku Teca, S 🔻 Add N	ew	Type of Contact: Previous Services:			Add/E  Add/E		Signed
as to aisp	Name:	Canku Teca - Lake	Andes						Add/E  Add/E		
	Agency:	Canku Teca				Service Requested:					
	Contact:	Dr. William Smith				Funding Source:			▼ Add/E		
	Address 1:					Referral Reason:			▼ Add/E		
	Address 2:					Result:			▼ Add/E		
	City:	Lake Andes				Category:			▼ Add/E		
	State:	SD ,	Zip:	78569		Other 1:			▼ <u>Add/E</u>		
	Phone 1:	(402) 111-1111	X	Home v		Other 2:			▼ Add/E	dit	
	Phone 2:	(402) 222-2222	x	Home 🔻		Heard about us?:			▼ Add/E	dit	
	Email:										
	Website:										



#### Custom Forms Tab:

- Click on the Custom Forms Tab
- Click the [Add] button open the Create New Form dialog box
- Click the drop down arrow to see published assigned custom forms.
- Once you have selected the form click the [Create New Form] button

Begins with or matches: test Client Name: Test, Joe Level of Care: No Episode Assigned Location:	Search Disp	lay All	/			
Demographics Case Management Bil	lling Payers Fee Schedule Referrals	Al/AN Custom Form	Multi-Dimensional A	ssessment Com	ments	
Date Form Name No records to display.		Added By	Edit Delete P	rint File & Sign	Signed	



- Here is an example the of a published forms
- Select a Level of Care from picklist if available
- Collect information from client to fill out form
- Save when done to add to you client's record

arch by: <ul> <li>Last Name</li> <li>Begins with or ma</li> </ul>	Date Of Birth Phone SSN Client Reference # Billing Reference #     Name DOB Phone SSN Client Ref #     Test, Joe	Billing Ref
Client Name: Level of Care:	🖻 Client Intake Custom Forms	
Location:	Form Date: 01/22/2018 Evel of Care: No Episode Assigned	
Location: Demographics Cas Add Date For to records to display.	FAMILY RECOVERY SERVICES         CONFIDENTIAL HEALTH AND INTAKE OUESTIONNAIRE         Golden City         Bilver Stone         GENERAL INFORMATION         Name: Joe Test Intake Date:         Age:         Date of Birth:         Place of Birth:         Address:         Phone:	
	NAME OF EMERGENCY CONTACT:       Address:         Phone:	



#### Comments Tab

- Click the Comments Tab
- To add other comments click the [Edit] button
- This dialog box can be used for general comments and notes

Client Intake				
	Name	DOB Phone	SSN Client Ref #	Billing Ref #
Search by:      Last Name      Date Of Birth      Phone      SSN      Client Reference      Billing Reference	Test, Joe	DOD THONE	Gircher w	bining (cr.
Begins with or matches: test Search Display All	icst, roc			
Client Name: Test, Joe Level of Care: No Episode Assigned				
Location:				
Demographics Case Management Billing Payers Fee Schedule Referrals Al/AN	Custom Forms	Multi-Dimensional Assessm	nent Comments	
Edit				
Comments				
Save	Cancel			
Add New Client Delete Client Print File and	I Sign Referral Sou	Irce Setup Export C	Close	



# SCHEDULER: SEARCH FOR STAFF ATTRIBUTES

## Search for Staff via attributes:



- Open the Scheduler Module
- Click on the Staff Icon
- To find staff with the attributes you are looking for click the [Search Attributes] button

i≠ Scheduler				
Search Search Calendar Staff Schedule	Image: Constraint of the state of	Appointment	Add/New	Payment
€ → Monday, January 22, 2018	E Staff Selection			
6 am	Select Single or Multiple Staff: Ron Super Admin × ^ Q			
7 am	•			
g am	Search Attributes OK Cancel			
gam				



- Click the drop down picklist to see the list of attributes created by your organization
- Check the appropriate attributes to find the staff members
- Click the [**Search**] button to display those staff members from the attributes you selected
- Check the box for each staff member and click the [Select] button to see their schedule.





# SCHEDULER: APPOINTMENTS AND CHECK-INS





#### **Check-in Appointments:**

- After the appointment is complete, you can check in the client by right clicking on the appointment and selecting the "Check In" icon.
- This allows user to "check in" clients from the appointment and assign the appropriate check in status.
- By checking in the client, this will allow users to track the status and carry the appointment information into billing and progress notes actions





# **PROGRESS NOTES**

#### **Creating Progress Notes**



- Create individual or group notes
- For group notes, you can create one group note to go to all clients in the group, but also personalize each client's note that will append to their group note.



 NOTE: you can create and modify clients in groups by selecting "Group Setup" or by the Setup drop down list from the top Ribbon.







#### **Progress Notes – add from Scheduler**

- You can create progress notes from scheduler appointments.
- Clients that have been "checkedin" via scheduler and have the "transfer to progress notes" selected, will appear in the appointment transfer window.
- Information from the appointment will automatically fill data for the note
- Select the appointments you wish to complete the note and follow the standard process to complete a progress note.

File > Progress Notes									
Select by: © Client Group Search by: Last Name Begins with or matches: Search Display All Retain Filters Note Session Date Generations: Enter Date To Enter Date No records to display.	Code	Istaneda, Alejandro 5 Istie IV, Sam E. 5 It, Celina R. 5 Ivanaugh, Anne Ivanaugh, Delores G. 1	Appoin	Client Reference #		e or more filters vio	the button on the right.		Set Filters
no recires to unplay.			Select (	Check-Ins ( <i>Click headers</i> Client Name ate: 09/17/2015, 11:00 A	s to sort)	SSN Anger Managemer	Client Reference #	Note Created	Clear Filters
				Status: Attended Able, Jacob	21	5 5	JA19804344	No	
				Adams, Leo M. ate: 09/17/2015, 9:00 AM	A Session Type: A	Adult OP Admission	Subject: Adult OP Admission	No	
				Status: Attended Abalone, John A. Abernacky, Paul			54646464646 gh46544565	No	
Add Group Note Add Individual Note	Add From Scheduler	View Note Delete No					-		



# **PROGRESS NOTE – CREATE AN INDIVIDUAL NOTE**

#### Create a Client note:

 Search for the client (unless you already have the client selected) and click the [Add Individual Note] button

File > Progress Notes								
Select by: 🖲 Client 🤇	Group		Γ	Name 🔺	SSN	1	Client Referer	nce #
Search by:	Last Name	•		Test, Joe				
Begins with or matche	s: tes							
	Search Display A	di l						
Retain Filters								
Note Selection	Session Date		Code	De	escription	F	ile/Sign Status	Print/File Selection
Clear Filters Ent	ter Date 🔠 to Enter	Date 🔠			<ul> <li>Apply F</li> </ul>	ilters		
No records to display								
Add Group Note	Add Individual Note	Add From S	cheduler	View Note	Delete Note	Print	File and Sign	Close



#### Filling out Note Info:

- Select your Session Type for this note by clicking on the drop down arrow.
- Select Co-Facilitator (if applicable) by clicking on the drop down arrow.

Client:	Test, Joe	L	Level of Care:	No Episode Assigned	-
Clinician:	Ron Super Admin	S	Co-Facilitator:		•
Session Type: Session Date:		<ul> <li>✓ (</li> <li>to</li> </ul>	to End:	Active Users Alice Smith Dylan Clinician	
Diagnosis:	100 - Individual Session 103 - Group Counseling 107 - Collateral Services			Dylan Lambrecht Dylan Test Howard Long	
Note:	109 - Treatment Planning 110 - Crisis Intervention			Jack Frost Jackie Frost Jacob Denver	
	115 - Intake Critical 129 - Discharge Planning 133 - ASI Testing			Ron Dir Ron Low-Level Admin Ron Senior Clinican	
	201 - Client without child in program 203 - Client with child in program 205 - Child			Ron Standard Admin Ron User <b>Disabled Users</b>	
	301 - Evaluation			Samatha Jenkins	

- Select Session Date
- Start Time and End Time
- Diagnosis can be added as part of the note if the client already has one assigned.
- If the client has a treatment plan, you can also view from here. You can copy and paste statements from the treatment plan to ensure your progress notes are following the treatment plan.

File > Progress No	otes > Add Note				
Note Info					
Client:	Test, Joe	Level of Care:	No Episode Assigned		-
Clinician:	Ron Super Admin	Co-Facilitator:			-
Session Type:	100 - Individual Session	Sort by Des	cription		
Session Date:	Enter Date 🔠 🗹 Time: Start:	🕑 to End:	Duration:		
Diagnosis: 103.0	) Primary lesions of pinta / 304.40 Amphetami	ine Dependence		Diagnosis	View Tx Plans
Note:				Sidgross	



- Type in your notes
- Select the [Statements] button if you have reusable statements you would like to use for this note

Note Info Client:	Test, Joe		Level of Care:	No Episode Assigned	•
Clinician:	Ron Super Admin		Co-Facilitator:		•
Session Type:	100 - Individual Ses	sion	<ul> <li>Sort by Des</li> </ul>	cription	
Session Date:	01/22/2018	Time: Start: 1:00 Pl	M 🕥 to End: 2:00 PM	1 🖸 Duration: 1:00	
Diagnosis: 304.4	40 Amphetamine Dep	endence / F10.121 Alcoho	l abuse with intoxication o	lelirium	🕒 🕄
Note:					Diagnosis View Tx Plans
Note: Type your Indivi	idual note here				Diagnosis View TX Plans
	dual note here		/		Diagnosis View TX Plans

#### **Using Statement Templates:**

- Click the [Add] button to create statements to assist with commonly used phrases and templates for both Individual and Group.
- Select your statement from the list of available statements then click [Use] button to copy the statement into your Progress Note

File > Progress Notes > Statements
Statement Type:  Individual  Group Available Statements:
Current issues Treatment Goals Status Opdate 1. 2. 3. D A P E/M Statement Exercise: S: O: all clients participated in the scheduled exercise session. A: All clients enjoyed the session. Focus Intervention Response Plan Go to a Survivor's meeting tonight and meet with his survivor sponsor. There is much more that client is not Group members expressed their emotional stage. Parcipants were encourage to give feedback to each other I met with client to determine completion of assignment and he was not able to complete assignment. Client S: O: A: P: F10.80 severe alcohol dependence
S: O: A: P: F10.80 severe alcohol dependence
Use Add Edit Delete Print Exit



#### Setup a Group

- Any user can create their own group
- From the ribbon go to Setup down to Clinical click on Group Setup link to open the module.



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• To create a new group select [Add New Group] button

up > Group Setup AA Meeting Aftercare Group Art Therapy Dylan Stop Touching New Ron Group Test	Group Utilities Add New Group Modify Selected Group Delete Selected Group Exit	
--	--	--



- Select Group Facilitator by clicking the drop arrow
- Type in Group Name
- Click [Add Clients] to search for the clients

		Add	New Group				
Group Facilitator:	Alice	e Smith		× /			
Enter Group Name:	Afte	AfterCare Group					
Selected Clients for G	iroup						
Client Name		SSN	Client Ref #	Billing Ref #	Remove		



- Start selecting your clients by typing in 2 letter to the last name and selecting them
- Once you have select all you clients for the group client the [OK] button to add them your group

- Review your list to ensure all clients for this group have been selected
- Click the [Save and Close] button to create your new group

≕j Group Setup - Ad	Add New Group	
Group Facilitator: Enter Group Nai 📻	Alice Smith   Group Setup > Add Clients	
Selected Clients S Client Name No records to di	elect Single or Multiple Clients: Frost, John d. × Able, Tom × Zed, Tom × Edwards, Jack × Smith, Ray × OK Cancel	Remove
	Add Clients Save and Close Cancel	

		Add N	New Group		
Group Facilitator:	A	lice Smith	•		
Enter Group Name:	А	fterCare Group			
Selected Clients for Gr	oup				
Client Name		SSN	Client Ref #	Billing Ref #	Remov
Frost, John d.		343-43-4343			X
Able, Tom		232-32-2222	TA19872222	TA19872222	X
Zed, Tom				BIL-01AVEJACM	X
Edwards, Jack		112-11-2121			X
Smith, Ray		111-22-1234	RS19864343		X
			<u> </u>		



# **PROGRESS NOTES – CREATE IN A GROUP NOTE**

#### Create a Group Note

- Change the Select by Radio button to Group
- Click the drop down arrow to select your group from the picklist
- You will see your group of clients on the list to the right
- Click the [Add Group Note] to go the next dialog box

iroup:	y: ○ Client ◉ Group 🗡 Aftercare Group 🗸 🗸			Able, Tom	232322222	TA19872222	
		<u> </u>		Edwards, Jack	112112121		
	AA Meeting			Frost, John d.	343434343 111221234	RS19864343	
	Aftercare Group			Smith, Ray Zed, Tom	111221234	KS19864545	
	Art Therany			200,1011			
📃 Ret	Dylan Stop Touching						
	New Ron Group Test		Code	Descript	ion	File/Sign Status	Print/Fil Selectio
Cle	ar Filters Enter Date 🏢 to Enter Date				Apply Filters		
NO rec	ords to display.						



- Your given group of review of you clients. All clients are automatically selected.
- Clicking the [Group Setup] button gives you the opportunity to add or remove clients to you group list
- If client didn't show remove the check so they don't get the group note
- Once you are satisfied the list is complete click the [Next] button to next dialog box

	Choose a Group:	Aftercare Group		<ul> <li>Group Setup</li> </ul>	
Client Name			SSN	Client Reference #	Select All
Able, Tom			232322222	TA19872222	
Edwards, Jack			112112121		
Frost, John d.			343434343		
Smith, Ray			111221234	RS19864343	
Zed, Tom					



- Just like an Individual Note you will select the Session Type, Pick a Co- Facilitator (if applicable), Session Date, Start and End time.
- Under Group Note textbox type in notes you want everyone in this group to receive
- Under Individual Note for Group Members textbox add the diagnosis and type in individual note.
- Once you have type in both the group note and individual notes for your group click the [Save] button.

File > Progress N	otes > Add Note									
-Note Info-										
Group:	Aftercare Group									
Clinician:	Ron Super Admin			Co-Fa	cilitator:				-	
Session Type:				🔽 🗆 Sa	ort by Descri	ption				
Session Date:	Enter Date	Time: Start:	2	) to End		õ	Duration:			
	Enter Dute			~						
Group Note:										
Group Note go	es here. Everyone in th	e group will get thi:	s note.							li.
Enter Individual I	Note for Group Memb	ers:								
Able, Tom									Ê.	-
	- Level I - Outpatient	treatment: (ABCT) A	BC Treatmen	t - Admitte	ed 04/09/	-		Diagnosis		
Diagnosis:								Diagnosis	view Ix Plans	
	ividual note which is a									
Edwards, Jac	k								-	
	No Episode Assigned					-		<b>₽</b>	Eð	
Diagnosis:								Diagnosis	View Tx Plans	
This is an ind	ividual note which is a	ssociated to this clie	ent .						11	
Frost, John d	- Level I - Outpatient	treatment: (ABCT) A	BC Treatmen	t - Admitte	ed 05/09/	•		Diagnosis	View Tx Plans	Ŧ
< Back		S	tatements	Save	Cancel					



 In this example and below you can see the client received the Group note and their own personalized note appended to the group note.

	ct by: 🔘 Cli	ent 🖲 Group				Name	SSN	Client Refere	ence #
	up: Aftercare		•			Able, Tom	232322222	TA19872222	
0.00	P. Antercare	- Group				Edwards, Jack	112112121		
						Frost, John d.	343434343		
						Smith, Ray Zed, Tom	111221234	RS19864343	
	Retain Filters	;				200, 1011			
1	Note Selection		Session Date		Code	Description		File/Sign Status	Print/File Selection
	Clear Filters	Enter Date	to Enter Date			•	Apply Filters		
<		02/15/2018		1	103	Group Counseling	>		
		01/22/2018			103	Group Counseling			
		01/16/2018		1	100	Individual Session			
		09/27/2017		1	110	Crisis Intervention		Signed	
		04/13/2017		2	201	Client without child in pro	gram	Signed	
		04/13/2017		1	103	Group Counseling		Signed	
		04/13/2017			110	Crisis Intervention		Signed	
o									
	Able, Ton	n				Level of Care: - Lev	vel III.3 Moni		
	Ron Supe	er Admin				Co-Facilitator:			
vpe:						Sort by Description	on		
~			Time: Start: 9		7.443	to End: 10:00 AM 🐧	S	on: 1:00	
Type:					7.000			an: 1:00	

