Orion Healthcare Technology

Introduction to Client Intake Module Guide Sheet

Created By Orion



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Client Intake Module - Overview

Client Intake is where you would add a new client or lookup an existing one. In this tutorial, we will learn where to find the client intake module, how to search for existing clients or add new clients by filling out the tabs found in client intake. To conclude, we will do an overview of the action buttons found in this module.

Where to find the Client Intake Module

The Client Intake can be located on the ribbon above the main menu. Also, you will find the icon in the upper left quadrant on the new menu view. A third option is available on the jump navigation menu.

×	ф 🔶	Accu	Care			🔞 🔔	🕀 🖻) 💽	â 🗊 🕋	Welcome, Ron Alai - Custor	ner
Home		EHR and Bill	ing System	Profile	Intake Scheduler	Billing Adm/Dis D	Diagnosis Form	ns ASI Ti	xPlans Notes Chart	🔅 Setup 🔻 🛛 Log Out 🖪	•]
Main Menu											_
Client Intake										-	
Chart Management					Carra					Channes -	
Custom Forms			ZAC	CUO	Jare						
Scheduler (Old Version)		/	'EHR a	nd Billin	g System					switch to classic menu	
Scheduler											
Admission/Discharge			Main		_		Ot	ner loois			
Client Diagnosis				ר	2				*		
Census				Ð					<u></u>		
System Questionnaires			Client Int	take	Admission/Discharge	Diagnosis		Custom Forms	Recovery Support	Follow Ups	
Clinical Tools	-										
Billing	-				~	_		~	_		
Reports	-								Ē	1.71	
Configuration	-		Schedu	ler	Billing	Client Chart		Prevention	Session Logs	User Setup	
Help	-										
			Clinical —				Re	ports			
			Screeni	ing	Assessments	Patient Placemen	it M	Manager Reports	Data Analysis	Data Query	
			Treatment	t Plan	Progress Notes	(interview) Med Mgmnt		Census	System Questionnaires		
										Log Out	

Jump Navigation, Ribbon and Main Menu Client Intake Locations

	AccuCare (and Billing System)
2 Main Menu	Profile Intake ASI Adm/Dis Diagnosis Scheduler TxPlans Notes Rec Suprt Chart Screening Setup Clog Out
Client Intake	
Chart Management	
Custom Forms	AccuCare
Scheduler (Old Version)	EHR and Billing System
Scheduler	
Admission/Discharge	Main Other Tools
Client Diagnosis	
Census	
System Questionnaires	Client Intake Admission/Discharge Diagnosis Custom Forms Recovery Support Follow Ups
Clinical Tools	
Billing	
Reports	
Configuration 💌	
Help	Scheduler Billing Client Chart Prevention Session Logs User Setup
	Clinical Reports
	Screening Assessments Patient Placement Manager Reports Data Analysis Data Query
	Treatment Plan Progress Notes Med Mgmnt Census System Questionnaires
	Log Out

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Client Intake Module Overview

When you first open the Client Intake Module you will see this dialog box. Here is a quick breakdown of this dialog box.

Client Intake Search by: Last Name Date Of Birth Phone SSN Client Begins with or matches:	nt Reference # 💿 Billing Reference #	Name DOB Phone No clients to display.	Top part: Here is where you would search for the client to determine if they already exist in the database or not.
Level of Care: Location: Demographics Case Management Billing Payers Edit	Fee Schedule Referrals AI/A	AN Custom Forms Multi-Dimensional	Assessment Comments
Main First Encounter Client Name: Marital Status: Nickname: Marital Status: Date of Birth: Work Status: Gender: Race: Social Security #: Religion: Client Reference #: Ethnic Group:	Date:	-Contact Information Address: Email: Emergency Contact: -Military	Phone 1: Phone 2: Phone 3: Phone 3: Phone: P
Legal Status Involved with Child Protective Services: Current Probation Status: Current Parole Status: Family in Criminal Justice System:		Military Status: Fami Military Branch: Num -Additional Privacy Agreement Signed:	ly Members with Military Background: uber of Family Members in Military: Archived:
Add New Client Admit Client	Delete Client Print	File and Sign Referral Source Setup	Export Bottom part: These buttons allow you add, admit, delete, save and other functions explained later in this guide

Top Part – explained

An important rule to follow to avoid duplicates it is always good to do a search for the client to determine if they are new or exist in the database.



Middle Part – explained

The tabs found in the middle part are for entering information about the client. Some are areas required and others are optional.

Demographic Tab – I recommend filling this out completely. By doing so will enable you to create better reports.

Click the [Add New Client] only if this client is new and does not show up in your search as explained above.

Demographics Case Management	Billing Payers Fee Schedule Referrals	AI/AN Custom Forms Multi	-Dimensional Assessment Comments
Edit			
Main		Contact Information	
Client Name:	First Encounter Date:	Address:	Phone 1:
Nickname:	Marital Status:		Phone 2: Phone 3:
Date of Birth:	Work Status:	Email:	i none st
Social Security #:	Religion:	Emergency Contact:	Phone:
Client Reference #:	Ethnic Group:		
		/ Military	
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:			
Current Parole Status:		Additional	
Family in Criminal Justice System:		Privacy Agreement Signed:	Archived:
Add New 0	Client Admit Client Delete Client Prin	t File and Sign Referral Sou	rce Setup Export Close

Main is where you enter the demographic information that will help identify each client as you move through AccuCare.	<u>Contact information</u> is another recommend tab to fill out completely – this will help when running reports on area of services.
General ASA Main First Encounter Date: 10/16/2018 First Name": John Marital Status: Married Middle Name: Work Status: Full-time(35 hrs+/wk) Religion: Last Name ": Tester Religion: Protestant Date of Birth: 10/10/1987 Religion Other: Hispanic - Puerto Rice Gender": M Race: Hispanic - Puerto Rice Social Security #: 111-11-2222 False SSN Ethnic Group: Last Name at Birth:	Contact Information Address 1: 343 East Street Address 2: City: Omaha State: NE Zip Code: 68990 Phone 1: (402) 343-3433 X Home Phone 2: X Home Phone 3: X Home Phone: (402) 339-3900 Home Willtary State: Not Applicable Client has family with Villitary Background: Ves Number of family members in Military: 2 Don't know Refused
Save Legal Status (optional) if you required to collect information on Child Protective Services you can enter this here.	Additional if you client Military collect the has signed your Privacy client's military agreement check this box demographics here

Case Management Tab – presents you with a list of Agencies with assigned users for that agency.

Edit Edit Case Management Assigned Agency: NICASA Assigned User: RALAI	Payers Fee Schedule Referrais	Client Categories present you with 5 picklist which allows you to add up to 5 tags per client. ((<u>Some setup is required prior to using</u> <u>client categories</u>)) These lists are created by your Super Admin.
Case Management Case Management Assigned Agency NICASA	Assigned User Active Users Agathe Gabriel, MSW, LSW, QMHP CARRIE CHESTERS CHANTEL BROWN CHRISTINE LUCHECK, MA, CADC Clint Harris Curtis Gormley	Client Categories Category 1: DUI High - DUI High Risk Category 2: Adult - Adult Category 3: Category 4: Category 5:

Billing Tab – (if you have a subscription to billing please review). Click the [Edit] to work on the Billing Tab. You should see the Client Reference number which is also used as the Billing Reference number. Click the [Copy from Demographics] button add the client address to the billing record then click the [Save] button.

Demographics Case Management Billing Payers Fee Schedule Referrals Edit Statement Information St Billing Information	Please Note: If you leave the Client Reference number in Demographics blank a new auto number will be created for the Billing Reference #
Ac Billing Reference #: JT19872222 Pr Client Consent St	Statement Information Copy from Demographics First Name: John Address 1: 343 East Street Address 2:
Date NPI #: Client's Condition Condition Related To: Employment Other Accident Auto Accident Location (State): Date of Current Illness: Enter Date First Date of Illness: Enter Date Dates Unable to Work: Enter Date Dates Hospitalized: Enter Date To Enter Date	Hold Client Statement Self Pay Billing Comments
Save	Cancel

Add New Payer Plan			
Automation Default Payer Type	🗐 Payer Plan Details		Held Edit Delete
o records to display. Add New (Payer Type*: Export Payer Name*: (DASA) Illinois DASA - DA Plan Name: • Effective Date*: 10/01/2018 End Date: Enter Date Plan Type*: Primary Insured's ID*: 1234 Group #: • Group Name: Relationship to Self • Insured*: • <	Insured's Information	Close

Payers Tab – (if you have a subscription to billing please review). Click [Add New Payer Plan] button.

Payer Plan choices



Payer Plan Details choices

📰 Payer Plan Details				
Payer Type*:	Export 🔻			
Payer Name*:				
Plan Name:	(DASA) Illinois DASA - DARTS			
Effective Date*:	(GoldenSt) Golden State			
	(IA Mcaid) Medicaid			
End Date:	(OHA MOTS) Oregon			
Plan Type*:	Health Authority - MOTS			

Plan Type choices

📰 Payer Plan Details						
Payer Type*:	Export					
Payer Name*:	(DASA) Illinois DASA - DA 🔻					
Plan Name:	~					
Effective Date*:	Enter Date					
End Date:	Enter Date					
Plan Type*:						
Insured's ID*:	Primary					
Group #:	Secondary					
Group Name:	Other					

Relationship to Insured choices

📰 Payer Plan Details						
Payer Type*:	Export	Ŧ				
Payer Name*:	(DASA) Illinois DASA -	DA 🔻				
Plan Name:		~				
Effective Date*:	Enter Date					
End Date:	Enter Date					
Plan Type*:		•				
Insured's ID*:						
Group #:						
Group Name:						
Relationship to	Self	-				
Insured*:	Self					
	Spouse					
	Child					
	Employee					
Copay:	Unknown					
Automation	Organ Donor					
Order:	Cadaver Donor					
Plan Notes:	Life Partner	-				
	Other Relationship					

	📕 Payer Plan Det	tails			
1) <u>Payer Type</u> = Export	Payer Type*:	Export 👻	-Insured's Informat	ion	
2) <u>Payer Name</u> = (DASA) Illinois DASA – DARTS	Payer Name*:	(DASA) Illinois DASA - DA 🔻	j	Copy from Demographics	8
3) <u>Effective Date</u> = choose date	Plan Name:		First Name*: Middle Name:	John	
4) <u>Plan Type</u> = Choose from list	Effective Date*:	10/01/2018	Last Name*:	Tester	
5) Insured's ID = Type in	End Date:	Enter Date	Suffix:		
6) Relationship to Insured = choose from List	Plan Type*:	Primary 🔻	Address 11: Address 2:	343 East Street	
7) Set as Default Plan – shask hov	Insured's ID*:	1234	City*:	Omaha	
$\frac{1}{2} \frac{1}{2} \frac{1}$	Group #: Group Name:		State*: Zip*:	NE •	
8) <u>[Copy from Demographics]</u> = Click this button	Relationship to	Self 🗸	Gender*:	M •	
-	Insured":	Sot as Dofault Blan	Date of Birth*:	10/10/1987	
		Hold	Phone 1:	(402) 343-3433 x	Home 🔻
	Сорау:		Phone 2:	() x	Home 🔻
	Automation Order:	1 -			
	Plan Notes:				
			Save C	ancel	

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Fee Schedule – (if you have a subscription to billing please review). Click [Edit] button.

<u>Please note</u>: Contract Rate under Billing Setup must be completed before you can assign fee schedule for an individual client.

((Setup for your clients if applicable))

Demographics Case Management I	Billing Payers Fee Schedule	Referrals Al/AN	Custom Forms	Multi-Din	nensional As	ssessment Comr	nents	
Service		Default Units	Default Amo	unt	Fee	Schedule Units	Fee Sc	hedule Amount
Anger Management			1.000	\$	50.00	2.000		\$65.00
Art Therapy			1.000	\$	25.00	2.000		\$35.00
Intake Assessment			1.000	\$1	00.00	2.000		\$55.00
Fee Schedule				Sho	w only Serv	ices with a Fee Sched	ule	
Service		Default Units	Default Amoun	t	Fee Schedule Units	Fee Schedule Amount		
Anger Manageme	ent		.000	\$50.00	2	\$ 65	-	
Art Therapy			.000	\$25.00	2	\$ 35		
Counseling			.000	\$1,000.00		\$		
Cultural Awarene	55		.000	\$15.00		\$		
Group Session			.000	\$7.00		\$		
Ind. Therapy			.000	\$7.00		\$		
Intake Assessmen	t		.000	\$100.00	2	\$ 55	Ŧ	
		Save C	incel					

Referrals Tab – Start collecting you incoming and outgoing referrals by allowing your users to record referrals. Once a referral has been created it can be used over and over from the Select Referral Source picklist.

Ne clie	ew referral are cre cking on the <u>Add</u>	eated <u>New</u>	by link.	Add other points of information to your referrals by selecting or adding these picklists							
d/Edit Referral R	Record										
last Defensel Turner	A secondaria a secondaria a secondaria de la secondari					Referral Date: 10/17/	2018				
Referral Source			ne			Referral Details	2010				
Search for a Referr	al Source by Attributes, sel	ect an e	xisting Referral So	urce (or add	Level f Care:	No Episode Assigned	•			
new Referral Sourc	e details.		D (10 1	•		· ·					
	Se	arch foi	Referral Source by	y Attr	ibutes	Type of Contact:	Locate Homeless Shelter	▼ Add/Edit			
Select Referral Sou	rce: Dr. Robert Kirkman,	Primary	Family Prac 🔻 A	Add N	lew	Previous Services:	Residential	▼ <u>Add/Edit</u>			
Name:	Dr. Robert Kirkman					Service Requested:	On-Site Counseling	▼ Add/Edit			
Agency:	Primary Family Practi	ce Physi	cian			Eunding Sources	Health and Human Resource Grant	- Add/Edit			
Contact:	Shelly					Funding Source:					
Address 1:	1001 West Boardwa	lk Ave				Referral Reason:		▼ Add/Edit			
Address 2:						Result:		▼ <u>Add/Edit</u>			
City:	Los Angeles					Category:		▼ Add/Edit			
State:	CA .	Zip	01234			Other 1:		▼ Add/Edit			
Phone 1:	(999) 999-9999	X 12	2354 Work			Other 2:		▼ Add/Edit			
Phone 2:	(966) 780-4120	X 0	1 Mobile			Heard about us?:		▼ Add/Edit			
Email:											
Wabrita											
website.											
Referral Comment	's										
					Save	Cancel					

AI/AN Tab – if you work with the American Indian or Alaskan Native refer to this tab to collect tribal membership and residence

Demographics Case Man	agement Billing Payers Fee Schedule Referrals Al/AN Custom Forms Multi-Dimensional Assessme	ent Comments
Edit		
General		
Tribal Enrollment #:		
Tribal Relationship:		
Tribe of Membership:		
IHS NDW	🗐 Al/AN	
Indian Blood Quantum:	General	buse (NDW) hering this
Classification/Beneficiary:	Tribal Enrollment #: Self	
State:	Tribe of Membership:	
County:	IHS NDW	
Community:	Indian Blood Quantum	
	Classification/Beneficiary: Information gathered in this tab is for t of the IHS National Data Warehouse (N	he use IDW)
	Community of Residence submission process and/or the ATR Voi program only. The purpose of gatherin	ucher a this
	1. State: Information is based on the data require of these initiations	ements
	2. County:	
	3. Community:	
	Save Cancel	

Custom Forms Tab – (if you have a subscription to Custom Forms please review) – With a subscription, you are able to build your own custom forms and assign them to various modules within AccuCare for easy access. Click the [Add] button to begin then select a custom form.

ate Form N	lame	Categories	Added By	Edit	Delete	Print F
records to display.						
		📄 Create New Form				
		Salact Catagony				
				_		
		Select Form: Mental Health Assessme	ent rev 4.12.17	•		
		Create New F	orm Cancel			
		-				
Client Intake Custom	Forms				14	
m Date: 10/17/2018	Eevel of Care:	No Episode Assigned	•		12	
				<u>^</u>]	
	MENTAL H	IEALTH ASSESSMENT - 🔲 Initial 🔲 Update		^		
	MENTAL H NAME: John Tes	IEALTH ASSESSMENT - Initial Update				
CLIENT ID: J	MENTAL H NAME: John Tes T19872222 PRIMARY METHO	IEALTH ASSESSMENT - Initial Update ster EVALUATION DATE: DD OF COMMUNICATION: Verbal (languag	e) v DOB: 10/10/19	87	_	
CLIENT ID: J Sources of Informa	MENTAL H NAME: John Tes T19872222 PRIMARY METHO ation Consulted for this Assess	IEALTH ASSESSMENT - Initial Update ster EVALUATION DATE: DD OF COMMUNICATION: Verbal (languag sment:	e) v DOB : 10/10/19	87		
CLIENT ID: J Sources of Inform: Client	MENTAL H NAME: John Tes T19872222 PRIMARY METHO ation Consulted for this Assess	IEALTH ASSESSMENT - Initial Update ster EVALUATION DATE: DD OF COMMUNICATION: Verbal (languag sment: Locus/ Ohio	e) v DOB: 10/10/19	87		
CLIENT ID: J Sources of Informa Client Family	MENTAL H NAME: John Tes T19872222 PRIMARY METHO ation Consulted for this Assess Significant Other	IEALTH ASSESSMENT - Initial Update ster EVALUATION DATE: DD OF COMMUNICATION: Verbal (languag sment: Locus/ Ohio Other Assessment/ Screening Tools	e) • DOB : 10/10/19	87		
CLIENT ID: J Sources of Inform: Client Family Other Providers	MENTAL H NAME: John Tes T19872222 PRIMARY METHO ation Consulted for this Assess Significant Other Prior Agency Records	IEALTH ASSESSMENT - Initial Update ster EVALUATION DATE: DD OF COMMUNICATION: Verbal (languag sment: Locus/ Ohio Other Assessment/ Screening Tools	e) v DOB : 10/10/19	87		
CLIENT ID: J Sources of Inform Client Family Other Providers	MENTAL H NAME: John Tes T19872222 PRIMARY METHO ation Consulted for this Assess Significant Other Prior Agency Records	IEALTH ASSESSMENT - Initial Update ster EVALUATION DATE: DD OF COMMUNICATION: Verbal (languag sment: Locus/ Ohio Other Assessment/ Screening Tools	e) • DOB : 10/10/19	87		
CLIENT ID: J Sources of Inform: Client Family Other Providers Other:	MENTAL H NAME: John Tes T19872222 PRIMARY METH ation Consulted for this Assess Significant Other Prior Agency Records	IEALTH ASSESSMENT - Initial Update ster EVALUATION DATE: DD OF COMMUNICATION: Verbal (languag sment: Locus/ Ohio Other Assessment/ Screening Tools	e) v DOB : 10/10/19	87		
CLIENT ID: J Sources of Inform: Client Family Other Providers Other: IDENTIFYING INFO	MENTAL H NAME: John Tes T19872222 PRIMARY METHO ation Consulted for this Assess Significant Other Prior Agency Records	IEALTH ASSESSMENT - Initial Update ster EVALUATION DATE: DD OF COMMUNICATION: Verbal (languag sment: Locus/ Ohio Other Assessment/ Screening Tools ity, gender)	e) v DOB : 10/10/19	87		
CLIENT ID: J Sources of Inform Client Family Other Providers Other: IDENTIFYING INFO PRESENTING PRO Current presenting	MENTAL H NAME: John Tes T19872222 PRIMARY METHO ation Consulted for this Assess Significant Other Prior Agency Records RMATION (include age, ethnico DBLEM/ CURRENT ISSUES pissues (extent, nature, and se	IEALTH ASSESSMENT - Initial Update ster EVALUATION DATE: DD OF COMMUNICATION: Verbal (languag sment: Locus/ Ohio Other Assessment/ Screening Tools :ity, gender) everity of presenting problems):	e) • DOB : 10/10/19	87		
CLIENT ID: J Sources of Informa Client Family Other Providers Other: IDENTIFYING INFO PRESENTING PRO Current presenting The client was n	MENTAL H NAME: John Tes T19872222 PRIMARY METHO ation Consulted for this Assess Significant Other Prior Agency Records PRMATION (include age, ethnic DBLEM/ CURRENT ISSUES sissues (extent, nature, and se referred for a mental healt	IEALTH ASSESSMENT - Initial Update ster EVALUATION DATE: DD OF COMMUNICATION: Verbal (languag sment: Locus/ Ohio Other Assessment/ Screening Tools :ity, gender) everity of presenting problems): th assessment.	e) v DOB : 10/10/19	87		
CLIENT ID: J Sources of Inform: Client Family Other Providers Other: IDENTIFYING INFO PRESENTING PROC Current presenting The client was n	MENTAL H NAME: John Tes T19872222 PRIMARY METHO ation Consulted for this Assess Significant Other Prior Agency Records ORMATION (include age, ethnic BLEW/ CURRENT ISSUES g issues (extent, nature, and se referred for a mental healt	IEALTH ASSESSMENT - Initial Update ster EVALUATION DATE: DD OF COMMUNICATION: Verbal (languag sment: Locus/ Ohio Other Assessment/ Screening Tools ity, gender) everity of presenting problems): th assessment.	e) v DOB : 10/10/19	87		
CLIENT ID: J Sources of Informa Client Family Other Providers Other: IDENTIFYING INFO PRESENTING PRO Current presenting The client was n	MENTAL H NAME: John Tes T19872222 PRIMARY METHO ation Consulted for this Assess Significant Other Prior Agency Records RMATION (include age, ethnic DBLEM/ CURRENT ISSUES sissues (extent, nature, and se referred for a mental healt	IEALTH ASSESSMENT - Initial Update ster EVALUATION DATE: DD OF COMMUNICATION: Verbal (languag sment: Locus/ Ohio Other Assessment/ Screening Tools sity, gender) everity of presenting problems): th assessment.	e) • DOB : 10/10/19	87		

Multi-Dimensional Assessment Tab – Accommodates ASAM or other admission criteria. Use this tab to collect information and develop a level of care for your clients. Review and fill out the six domains to establish risk levels and criteria. This will help develop the client's level of care seen in the Determination Tab.

Click the [Add New] to start. Starting with the Demographic tab then continue to fill out the other domain questions.

Demographics	Case Management	Billing Payers Fee	Schedule Referrals	AI/AN Custom Forms	Multi-Dimensio	onal Assessment	Comments		
	Multi-Dimensional Ass	sessment							
Assessment Date No records to displa	Client Name: Tester, Joh	าท		Level of Care:	No Episode Assig	ned	T		
	Client Ref #: JT1987222	22							
	Demographics Acu	ute Intoxic Biomedical C	Emotional, B Read	diness To Relapse, Con	Recovery/Livi	Summary D	Determination		
	Population Set:	Adult	T	Assessm	ient Date:	10/17/2018			
	Address 1:	343 East Street		Gender:		Male	•		
	Address 2:			Date Of	Birth:	10/10/1987			
	City:	Omaha		Age:		31			
	State:	NE 🔻 Zip C	ode: 68990	Preferre	Preferred Language:				
	Phone 1:	(402) 343-3433 ×	Home 🔻	Race/Et	hnicity:	Hispanic - Puerto Ri.	🔻		
	Phone 2:	x	Home 🔻	Payer Pl	an:		Select		
	Phone 3:	x	Home 🔻	Insured	s ID:				
		Okay to leave voicemail?							
	Living Arrangement:	🔍 Homeless 💿 Indepe	ndent Living Other (spe	cify)					
	Referred By: Refer 	rral Source:		▼ Add New Referral					
	Othe	er:							
	Explanation relationship/	of why client is currently seekin /housing problems.	g treatment: Current sympto	oms, functional impairment, sever	ity, duration of sym	ptoms (e.g) unable to v	vork/school,		
							Ĩ		
	<u> </u>		Next	Previous Cancel	Save & Close				

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Here is an example of the Determination Tab outcome level of care - Level II.1 meets the admission criteria.

Demographics	Acute Intoxic	Biomed	medical C Emotional, B Readiness To Relapse, Con Recovery Livi Summary Determination													
	Level of Care		Acute Ir	ntoxi	Biomedi	cal C	Emotiona	al, B	Readiness	То	Relapse, Co	n	Recovery Liv	Meets Admission Criteria?	View Criteria Report	•
Level 0.5 - Edu	cation		~	•										NO		
Level I - Outpa	tient treatment		>	•										NO		
Level II - Intens hospitalization	sive outpatient/parti	al												NO		
Level II.1 - Inte Intensive outpa	nsive outpatient - (L atient/partial hospita	evel II - alization)	>	•							~			NO		
Level II.1 - Co- outpatient - (Le outpatient/par	occurring intensive evel II - Intensive tial hospitalization)		~	•			~	,	~		~			YES		
Level III - Medi inpatient	ically monitored inte	nsive												NO		
Level III.1 - Inte Medically mon	ensive inpatient - (Le itored intensive inpa	vel III - itient)	>	•	~	•			>					NO		
Level III.1 - Co- - (Level III - Me inpatient)	occurring intensive edically monitored ir	inpatient itensive	>	•	~	•			>					NO		
Level IV - Medically managed intensive inpatient													NO			
Level of Care Selected Leve Reason for Di	Inpatient Level of Care Determination Selected Level of Care: Level II - Intensive outpatient/partial hospitalizati Reason for Discrepancy:										•					

Bottom Part - explained





[Add New Client] button - Add new client to your AccuCare database

[Export] button allows you to export data from the client intake tabs. For example: Referral Record, Custom Forms, Intake Demographics and Multi-Dimensional Assessment



Have questions?

Please contact AccuCare Support at the following numbers or email address:

Ron - Director of Customer Support - 800-324-7966 ext. 6400

Dylan – Customer Support and Account Specialist - 800-324-7966 ext. 6401

Email: support@orionhealthcare.com