

# Clinician's Gateway

## User's Guide

## To Login to Clinician's Gateway...

- **Double Click on the “Clinician’s Gateway” Icon on your Desktop.**



OR

- **Open “Internet Explorer” and type the URL: <http://www.countyofsb.org/admhs>**



- **At the Clinician’s Gateway Login Screen, Type in your “Staff ID” which is your login name -- generally the first letter of your first name and your entire last name. Then enter your “Password”, which should have at least one capital letter, at least one lower-case letter and at least one numeral. The password should be at least seven characters in length.**



Staff ID #:

Password:

- If this is the first time you are logging into Clinician Gateway, you will be prompted to change your expired password. **Then enter your “New Password”, which should have at least one capital letter, at least one lower-case letter and at least one numeral. The password should be at least seven characters in length.** Whenever your password is reset by Administrators, you will be required to change your password at this screen.



## Welcome to Clinician's Gateway version 3.1SC (Formerly OLPN)

Your password has expired. Please enter a new one.

Enter your New Password:

Confirm Password:

- Otherwise you will be begin at the **Home page** (refer to the page title below). To exit Clinician Gateway, click the **Log Out** button.



Home

Clients

Welcome: **Ivan Hoe**

### Enter New Service:

Type of Service

To start a new service note, select the type of service

The first step in writing a note is to view their "face sheet"; before entering any services, **check the face sheet to verify that the client is open to your facility and program during the time of the service.** Enter the Client's last name or client ID in the upper right corner and click the Search button.



The screenshot shows the 'Clinicians Gateway' web application. In the top left corner, there is a logo with the text 'Clinicians Gateway' and an image of a building. The main header area is light blue and contains the word 'Home' in the center. On the right side of the header, there is a search interface with a dropdown menu labeled 'Clients', a text input field containing the number '987654321', and a 'Search' button. Below the header, a blue bar contains a welcome message 'Welcome: Ivan Hoe' on the left and three buttons labeled 'Home', 'Help', and 'Log Out' on the right.

Sample searches and sample results:

Entry	Possible Results
Client Number	Only one possible result
Smith	Smith, Goldsmith, Smithson, etc

Search for: poolman

[view all](#) [close all](#)

Search Again

Clients

▼ Clients, All

3 Results

Client # ▼	Client Name ▼	Status ▼	Gender ▼	Age ▼	Services ▼	Indv. Service
987654321	 POOLMAN BOBBY	Active	M	77		Start
987654321	 POOLMAN ROB	Active	M	77		Start
987654321	POOLMAN, RUBBERTOE	Active	M	77		Start

▼ Clients, Serviceable

3 Results

Client # ▼	Client Name ▼	Status ▼	Gender ▼	Age ▼	Services ▼	Indv. Service
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The “Groucho Marx” icon next to a name in the search results indicates that the name is an alias. Notice that the client numbers are the



Groucho Marx

same. They are all the same client – CG is showing all aliases for the client.

By clicking on the consumer name, you will open the face sheet.

The face sheet displays details on consumer, financials, clinical history, contacts.

**CONSUMER INFORMATION**

Aliases  
 ACCOUNT TEST  
 POOLMAN BOBBY  
 POOLMAN ROB  
 POOLPERSON BOB  
 POOLPERSON RUBBERTOA  
 POOLPERSON UGLY  
 SMITH KNUCKLEHD  
 ZIPPERS MR

<b>Name</b>	<b>POOLMAN RUBBERTOE</b>	<b>Number</b>	<b>987654321</b> (Issued on 8/12/1989)	<b>Date of Birth</b>	2/29/1932 (Age 76)
<b>Address</b>	111 N SOUTH I B SB CA	<b>SSN</b>	555-55-5555	<b>Gender</b>	Male
<b>Phone</b>	(805) 668-5843 EXT:	<b>Account</b>	35580 ( POOLMAN RUBBERTOE )	<b>Language</b>	
<b>Staff</b>		<b>Marital</b>	Single	<b>Education</b>	Postgraduate 2
<b>RP Owes</b>	\$0.00	<b>Disability</b>		<b>Ethnicity</b>	White or Caucasian
		<b>Problem</b>		<b>Ethnic Origin</b>	

**Medicaid Coverage**

Covered	Number	Eligible Date	Special Reason
Yes	429H999999999D	2/2000	

**Insurance**

#	Company	Policy #	Effective	Expires
48	MEDICARE PART A BLUE CROSS PRIMARY	557745182A	7/7/1980	7/31/1980
48	MEDICARE PART A BLUE CROSS PRIMARY	555555555	1/9/2008	
131	MEDICARE PART B NHIC PRIMARY	557745182A	7/7/1980	7/31/1980

**SIGNIFICANT OTHER**

Name	Relation	Address	Effective	Expires	Phone
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**CLINICAL HISTORY**

Status	Provider	Opened	Closed	Prim. Diag.	Clinician	Physician	Units	Last Service	Legal Status	Consent
Open	Lompoc Children's Clinic - Children's Outpatient	1/11/2008			1294 AGUINIGA CARMELLA					
Closed	Lompoc Adult Clinic - Adult Outpatient	2/1/1999	4/1/2002	799.9	42999 PHYSICIAN For Hospital	42999 PHYSICIAN For Hospital				
Closed	Calle Real Clinic - Adult Outpatient	9/1/1986	8/31/1987	799.9	123 FERRARI NANCY	0 DO NOT USE General				

Check the client's face sheet before you begin your note to verify that an active admission for your facility / program exists.

**TOTAL EPISODE COUNT:** 3

**MICROFILM INFORMATION:** 0/0

# Completing Security Questions

The first time you log into your account, click on “Security (Password)” link at the bottom of the Home Page:

**Search Services by Date** Click day to see services performed on that day

December 2009							January 2010							February 2010						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5						1	2							
6	7	8	9	10	11	12	3	4	5	6	7	8	9	7	8	9	10	11	12	13
13	14	15	16	17	18	19	10	11	12	13	14	15	16	14	15	16	17	18	19	20
20	21	22	23	24	25	26	17	18	19	20	21	22	23	21	22	23	24	25	26	27
27	28	29	30	31			24	25	26	27	28	29	30	28						
							31													

[PERSONAL INFO](#) | [SECURITY \(PASSWORD\)](#) | [GUIDES/HELP](#)

Clincian's Gateway version 3.4SC.1130 (release/2009-august)  
Built: 1/25/2010 (10:14 AM)

At the Security page, click on the “Security Questions” tab:

**Clincians Gateway Security & Personalization** Search

Welcome: **Cleo Patra** Home Help Log Out

[Profile](#) [Preferences](#) [Change Password](#) [Security Questions](#) [Electronic Signature Agreement](#)

First Name:  Middle Initial:  Last Name:

Professional Suffix: MD

Title:

Address:

Address Cont.:

City:  State:  Zip:

Email Address:

Phone Number Day:

Phone Number Mobile:

Phone Number Night:

At the Security Questions page, you will see 3 drop down boxes of questions. Choose a different question in each box, and type in the answer to the question in the box at the right.

Welcome: Cleo Patra

Home Help Log Out

Profile Preferences Change Password Security Questions Electronic Signature Agreement

Enter Password To Confirm Your Identity

Security Question #1 Select One

Security Question #2 Select One

Security Question #3 Select One

Update Security Questions

ALL CG users must complete the Security Questions.

Done Trusted sites

Select a question from all 3 question boxes and type in the answer in the box to the right of the question.

Enter your password in the password box; click the Update Security Questions button.

You may also edit your printing preferences or change your password by clicking the other tabs on the Security & Personalization page

Welcome: Cleo Patra Home Help Log Out

Profile **Preferences** Change Password Security Questions Electronic Signature Agreement

Print On Finalize: Yes   
 Print On Save: Default (No)   
 Print On Approve: Default (No)   
 Default Service Date: Default (No)

**Default Service Date:**

We strongly recommend that you do not change the Default Service Date unless you have been using CG for a long time and feel confident that you will not create a service error by using a default date. If MIS notices that the number of service errors involving the service date have increased, we will change the default back to NO.

**Printing Preferences:**

**Print on Finalize or Save**

Selecting “Yes” for either of these options will cause CG to display the official print view of all notes when they are finalized. Once the print view appears, click your print icon.

**Print on Approve**

This option is not used in Santa Barbara County.

**Changing passwords - Once you have logged in successfully**

Welcome: Cleo Patra Home Help Log Out

Profile Preferences **Change Password** Security Questions Electronic Signature Agreement

Enter your Old Password:   
 Enter your New Password:   
 Confirm Password:   
  
[click here if you forgot your password](#)

Enter your current (old) password in the first box

Next, enter your new password – passwords must:

- be 7 or more characters
- Contain at least 1 capital letter
- Contain at least 1 small letter
- Contain at least 1 numeral

You may fill out the profile data by clicking on the Profile tab. Be sure to click the Update Profile button to save your changes.

Any data you enter must accurately represent you as a provider and **should not include personal information**. Your name must appear as it does on your NPI number and professional license.

Welcome: **Eva Shoemaker** [Home](#) [Help](#) [Log Out](#)

[Profile](#) [Preferences](#) [Change Password](#) [Security Questions](#) [Electronic Signature Agreement](#)

First Name:  Middle Initial:  Last Name:

Professional Suffix:

Title:

Address:

Address Cont.:

City:  State:  Zip:

Email Address:

Phone Number Day:

Phone Number Mobile:

Phone Number Night:

Only QA and/or MIS staff are permitted to edit the professional suffix. If you think yours is incorrect, please contact the Help Desk.

## Individual services

Welcome: Eva Shoemaker Home Help Log Out

**Enter New Service:**

Type of Service: Individual  Primary Clinician: SHOEMAKER EVA  Client: poolman

Note Template: Adult Start Indiv Service

**Pending Services** 0 Results

Srv. #	Procedure	Group Svc #	Client #	Client Name
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**Advanced Search**

For: Clients Type: Any Status: Any Provider: Everywhere

**Services Search**

All Service Anywhere Rended for

**Search Services by Date** Click day to see services performed on that day

December 2009							January 2010						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5							1
6	7	8	9	10	11	12	3	4	5	6	7	8	
13	14	15	16	17	18	19	10	11	12	13	14	15	
20	21	22	23	24	25	26	17	18	19	20	21	22	
27	28	29	30	31			24	25	26	27	28	29	
							31						

**Clinical Administrator Access**

Adult Level Of Care And Recovery Inventory  
First Intake  
Client Tracking

Select the type of service in the drop down list.

Confirm your name is in the Primary Clinician box.

Type the client's number or last name in the client box – do not use both.

Select the correct template from the template drop down list, and click the Start button to the right. Unless you need to use Assessment, First Intake, or FSP templates, using the wrong template does not mean you have to redo the note. As long as you include adequate documentation of the service you provided, the note is acceptable.

**Servicable Clients Matching, "poolman"**

Search For Different Client

Client #	Client Name	Status	Gender	Age	Services	Select Provider	Note Template
987654321	POOLMAN, RUBBERTOE	Active	Male	78	0	Santa Maria MH Services - Adult Outpa... <input type="button" value="Select"/>	Adult <input type="button" value="Select"/>

1 record found.

PERSONAL INFO | SECURITY (PASSWORD) | GUIDES/HELP

If your client has an active admission at more than one facility/program (Provider), you will be required to select the correct facility/program before you begin. Once you have selected the facility/program, click the Select button to the right. Remember, you may select only those

Clinicians Gateway Clients   
Search And Tag Search

Service Entry, Individual

Welcome: [Eva Shoemaker](#) Home Help Log Out

Service #: **New** Title: **Adult**

Client: <input type="text" value="987654321"/> <input type="text" value="POOLMAN"/> <input type="text" value="RUBBERTOE"/> <input type="button" value="X"/> <input type="button" value="..."/>	<div style="border: 2px solid red; padding: 5px; display: inline-block;"><b>Billing Data</b></div>	Opened: 3/1/2009 Service Date: <input type="text"/> <input type="button" value="CA"/> <input type="button" value="OK"/> Client Plan Due Date: 1/11/2011 Med. Compliant: <input type="text" value="N/A"/> <input type="button" value="v"/> Side Effects: <input type="text" value="N/A"/> <input type="button" value="v"/> Primary Clinician Time: <input type="text" value="0:00"/>
Procedures: <input type="text" value="Select Procedure"/> <input type="button" value="v"/>		
Service Location: <input type="text" value="Select Location"/> <input type="button" value="v"/>		
Primary Clinician: <input type="text" value="33333 - Shoemaker, Eva M"/> <input type="button" value="v"/>	Provider: <input type="text" value="Santa Maria MH Services - Adult Outpatient"/> <input type="button" value="v"/>	Site Level: <input type="text" value="No Site"/> <input type="button" value="v"/>

Current Dx in ShareCare

facility/programs for which you are authorized to provide services. Once you click Select, the Service Entry page opens. Enter the billing data in the top portion and then begin typing the documentation of the service. If you are entering the clinician time as minutes only, be sure to type a colon before you type the minutes. If you are writing a note with **Consumer No Show, Consumer Canceled, or Staff Canceled** procedures, be sure to click in the Clinician time box and type a **zero**.

# Group Notes

**Enter New Service:**

Type of Service:  Primary Clinician:  Group:  Note Template:

**Pending Services** 5 Results

Srv. #	Procedure	Group
1467608	Targeted Case Management (Non Billable)	1072 Friday Lunch
1495119	Group Therapy	213
1566824	Individual Rehabilitation	
1566751	Evaluation & Plan Development	
1566822	Individual Rehabilitation	

**Pending Client Plans** 1 Result

Plan #	Client #	Client Name
19165	987654321	POOLMAN, RUBBERTOE

**Advanced Search**

For:  Type:  Date:

Provider	Date	Type	Sort	Reviewer
TOE Santa Maria MH Services - Adult Outpa...	8/12/2009	Adult		Update...
TOE Lompoc Mental Health Services - Adult...	10/1/2009	Adult		Update...
TOE Santa Maria MH Services - Adult Outpa...	1/5/2010	Adult	Approved	Update...
TOE Santa Maria MH Services - Adult Outpa...	1/12/2010	First Intake	Draft	Update...
TOE Santa Maria MH Services - Adult Outpa...	1/12/2010	Adult	Wait	Update...

Date	Revision	Author	Your Role	Status	Supersedes Plan #
	9	3395	Author	Authorizing	18778

To start a group note, begin at the same location as individual notes, and then select your group, template, and click Start.

Group: **Friday Lunch (1072)** Title: **Adult**

**Group Members** 4 Members Show client RUs for:

Client #	Gender	Age	Present	Med Compliant	Side Effects	Provider
25833	F	13	<input type="checkbox"/>	N/A	N/A	No matching providers
30494	F	16	<input type="checkbox"/>	N/A	N/A	Child Abuse Listening & Mediation (CALM) - Hope F No Site
27289	M	14	<input type="checkbox"/>	N/A	N/A	Santa Barbara Child And Family Services - Childrer No Site
23786	M	20	<input type="checkbox"/>	N/A	N/A	No matching providers

Additional participants in group:

Procedures:  Service Date:

Service Location:

The 2 most important steps in writing a group note are: 1-Complete the "roll call" by checking the clients that were present in the group, 2-Verify that you have the correct facility/program for each client. Omitting either of these steps will result in errors and/or notes that will never be billed.

On the page that opens, you will write a **generic** note with documentation that applies to the **entire group**, using no client names in your text. Once you click Save to Pending, a pending note will be created for each client that you checked. **NOTE:** If you forgot to check the clients, there will be no notes in your pending for this group. At this point, call the Help Desk for guidance.

The screenshot shows a web-based form for entering service information. At the top, there is a field for 'Additional participants in group' with the value '0'. Below this are several input fields: 'Procedures' (a dropdown menu with 'Select Procedure'), 'Service Location' (a dropdown menu with 'Select Location'), 'Primary Clinician' (text 'PATRA CLEO'), and 'Primary Clinician Time' (text '3:45'). There is also a 'Service Date' field with a calendar icon. An orange button labeled 'Add additional clinicians' is positioned below the clinician information. The form is divided into sections: 'GOAL or REASON for SERVICE' and 'INTERVENTIONS or CLINICAL DECISIONS', each with a 'Previous Entries' dropdown menu set to '(Select Note)'. A prominent blue-bordered box with white text is overlaid on the 'GOAL or REASON for SERVICE' section, containing the following instruction: 'Never try to calculate clinician time for group services. The time you enter should equal the entire length of the session PLUS the documentation time. The billing system will calculate the amount of time for each client.'

# Treatment Plans

Always use global search in the top right corner to search for the client's treatment plan. Use the drop down arrow to select Client Plans and type the client number or last name in the search box. Click SEARCH. If your search results are zero, proceed to the Type of Service to start the plan.

Plan #	Client #	Client Name	Provider	Date	Revision	Author	Status	Supersedes Plan #
18778	987654321	POOLMAN, RUBBERTOE	Santa Maria MH Services - Adult Outpa...	1/12/2010	8	PATRA, CLEO	Finalized	18461
18461	987654321	POOLMAN, RUBBERTOE	Santa Maria MH Services - Adult Outpa...	12/10/2009	7	PATRA, CLEO	Revised	18029
18029	987654321	POOLMAN, RUBBERTOE	Lompoc Mental Health Services - Adult...	11/4/2009	6	Shoemaker, Eva M	Revised	17750
17750	987654321	POOLMAN, RUBBERTOE	Lompoc Mental Health Services - Adult...	10/15/2009	5	PATRA, CLEO	Revised	17324
17324	987654321	POOLMAN, RUBBERTOE	Santa Maria MH Services - Adult Outpa...	9/10/2009	4	PATRA, CLEO	Revised	17183
17183	987654321	POOLMAN, RUBBERTOE	Santa Maria MH Services - Adult Outpa...	9/1/2009	3	PATRA, CLEO	Revised	17036
17036	987654321	POOLMAN, RUBBERTOE	Santa Maria MH Services - Adult Outpa...	8/20/2009	2	PATRA, CLEO	Revised	16907
16907	987654321	POOLMAN, RUBBERTOE	Santa Maria MH Services - Adult Outpa...	8/13/2009	1	PATRA, CLEO	Revised	
12766	987654321	POOLMAN, RUBBERTOE	Lompoc Children's Services - Children...	12/12/2008	1	Patra, M.D., Cleo	Renewed	

By searching through the global search, you will see a list of ALL of the client's plans. Always select the plan with the highest number and click on the number. HINT: The plan with the highest number is not always on the top. Be sure to look through the list.

**Client Plan**

Search And Tag   Search

Welcome: Eva Shoemaker Home   Help   Log Out

**Client's Plans** 9 Results

Plan #	Provider	Start Date	End Date	Author	Revision	Status	Supersedes Plan #
18778	Santa Maria MH Services - Adult Outpa...	1/12/2010	1/11/2011	PATRA, CLEO	8	Finalized	18461
18461	Santa Maria MH Services - Adult Outpa...	12/10/2009	12/9/2010	PATRA, CLEO	7	Revised	18029
18029	Lompoc Mental Health Services - Adult...	11/4/2009	10/14/2010	Shoemaker, Eva M	6	Revised	17750
17750	Lompoc Mental Health Services - Adult...	10/15/2009	10/14/2010	PATRA, CLEO	5	Revised	17324
17324	Santa Maria MH Services - Adult Outpa...	9/10/2009	9/9/2010	PATRA, CLEO	4	Revised	17183

<< First < Prev -1- -2- Next > Last >>

**QA Override**

Plan Start Date:

Plan End Date:

I Attest that there is a paper plan signed by an LPHA on    
and a client or caregiver on   and as such, the utilization review date is as indicated.

Plan #: 18778 Status: Finalized

Revision: 8 Plan Start: 1/12/2010

Client: POOLMAN, RUBBERTOE(987654321) Plan End: 1/11/2011

Provider: Santa Maria MH Services - Adult Outpa... 

Client Plan

Consumer Direction

Done Trusted sites

The absolute **FIRST** thing to do once you have opened the plan is to check the primary provider. If it is not your facility/program, you must call the Help Desk – 681-4006 – to change the provider. **USERS DO NOT HAVE THE ABILITY TO MAKE THIS CHANGE.** If the end of the program name is truncated, as above, place your cursor over the name, wait a few seconds, and the entire facility/program name will appear.

If the facility/program is correct, scroll to the bottom of the plan. **USERS WILL NOT SEE THE PINK QA OVERRIDE BOX.**

## Confirmation

I authorize the following:

- Consumer **received** Client Plan
- Consumer **signed** Client Plan (12 and older)
- A service note has been used in lieu of a client signature.
- Consumer has been given Customer Service Phone Number
- LOCRI/CALOCUS has been completed for this consumer.
- Client verbally accepts services but declines to sign.
- Consumer was involved in creating plan (describe involvement below):

as;df asd gasg g asdfg fg adfg dfg adff gdf gad

1/12/2010

Consumer signature

Date

### Actions:

Action	User Name	Date	Note
Submit	PATRA, CLEO	1/12/2010 3:35:55 PM	submitting for authorization

Print

Delete Plan

Edit

Revise

- If the plan has more than 60 days before expiration, you must click the REVISE button to make changes. **If a RENEW button is present, that means the plan will expire soon – and you want the plan to advance 12 months from the expiration date, use the RENEW button.**
- If you revise a plan and wish to continue with the **same expiration date** instead of moving the expiration date forward, **do not** enter a client signature date or check. By leaving these items blank, CG will automatically retain the original expiration date.
- If you revise a plan and wish to add another 12 months to the plan, type in the client signature check and the signature date after the client signs the paper plan or a signature pad. CG will automatically advance the expiration date 12 months from the signature date.
- If you are revising a plan within 60 days of the expiration, and you want the plan to advance for 12 months, but you want the plan revisions to start immediately, use the **REVISE** button. As explained in the previous paragraph, CG will advance from the client signature date to calculate the expiration date.

Plan #: New

Status: New

Revision: 9

Estimated Plan Start:

Client: POOLMAN, RUBBERTOE(987654321)

Estimated Plan End: 7/11/2011

Provider: Santa Maria MH Services - Adult Outpa... v

Client Plan

Consumer Direction

Please state the Consumer's strengths (in their own words as much as possible)

as gasd fg sdf gd gasdfgas fasd adf gdfg

What are the Consumer's goals (please include their hopes, dreams and plans for the future)?

How can the Client Plan support these goals.

aWDNHFASDFJSD asdfg asdf  
asd fasd adfg dfgk ;dkofgjkld v ;lkag lkdfjg

Goals

Remove Goal

Goal Name:

improve daily living skills

Client Goal (Should be measurable, observable, and objective)

clt will improve socializations skills through rehab activities with rehab specialists.  
clt will aslfjawsdfgjf asf asdf asdf asdf asdfs

Notice the plan is now NEW without a number. Also, the Estimated Plan Start Date is blank until the LPHA authorizes and the client signs. Replace/revise all relevant text for the revision or renewal. Previous goals may be removed by clicking the Remove Goal button.

[Add Another Goal](#)

**Interventions**

[Remove Intervention](#)

Service types:  
 Therapy and/or Rehabilitation (Individual, Family, Group) ▾  
[Add Additional Service](#)

Intervention description:  
 asdf ad gadf gsdff sdfg dfg dfgsdff

Provider:  
 I10137 Lompoc Mental Health Services - Adult Outpatient

Contact: Cleo Patra

Session frequency: Every ▾ Day ▾  
 Session intensity: 3 ▾ Hours ▾

Plan duration: 12 Months ▾

Target Date:

Achieved?  Achievement Date:

**Associated Goals:**

- improve daily living skills
- Improve family relations
- reduce temper outbursts
- Do community volunteer work

---

[Remove Intervention](#)

Service types:  
 Targeted Case Management ▾  
 Collateral ▾  
 Therapy and/or Rehabilitation (Individual, Family, Group) ▾

You may add new goals by clicking the “Add Another Goal” button.

Interventions may be removed if they are no longer accurate – click on the Remove Intervention button.

Be sure to enter the MAXIMUM number for Session Frequency and Session Intensity. Always enter a number that will provide a margin for increasing services. You may always provide less treatment than detailed on the plan, but you **MAY NOT** provide more than the specified amount. Click the goals at the right that will be attained through this intervention.

**Interventions**

Remove Intervention

Service types:

Therapy and/or Rehabilitation (Individual, Family, Group) ▼  
 (Select Service) ▼  
 Add Additional Service

Intervention description:  
 asdf ad gadf gsdgf sdfg dfg dfgsdgf

Provider:  
 I10137 Lompoc Mental Health Services - Adult Outpatient

Contact: Cleo Patra

Session frequency: Every Day  
 Session intensity: 3 Hours

Plan duration: 12 Months

Target Date: [Calendar icon]

Achieved?  Achievement Date: [Calendar icon]

**Associated Goals:**

- improve daily living skills
- Improve family relations
- reduce temper outbursts
- Do community volunteer work

Remove Intervention

Service types:

You may add more than 1 service type per intervention by clicking the Add Additional Service button.

The Intervention Description box is unlimited – you may type as much text in here as you feel necessary. You must describe each type of service and how the services will be provided at that facility/program.

**Interventions**

Remove Intervention

Service types:

Therapy and/or Rehabilitation (Individual, Family, Group) ▼

(Select Service) ▼

(Select Service)

Targeted Case Management

Intervention:

Collateral

Evaluation & Plan Development

Medication Support

Therapy and/or Rehabilitation (Individual, Family, Group)

Provider:

110137 Lompoc Mental Health Services - Adult Outpatient

Contact: Cleo Patra

Session frequency: Every Day

Session intensity: 3 Hours

Plan duration: 12 Months

Target Date: [Calendar Icon]

Achieved?  Achievement Date: [Calendar Icon]

**Associated Goals:**

- improve daily living skills
- Improve family relations
- reduce temper outbursts
- Do community volunteer work

By clicking on the drop down arrow under service types, you will get a list of options. You may click as many service types as necessary to correctly describe the treatment that will be provided for this intervention. You will be creating the list of service types provided by ONE program only – the one specified as Provider for this intervention.

Remove Intervention

Service types:

(Select Service)

Add Additional Service

Intervention description:

Provider:

Contact:

Session frequency: Every Day  
Session intensity: 1 Minutes

Plan duration: Hours

Target Date:

Achieved?  Achievement Date:

Associated Goals:

- improve daily living skills
- Improve family relations
- reduce temper outbursts
- Do community volunteer work

Remember that client plans are written for a facility / program – not a clinician. Under the Intervention description, **any clinician that is authorized at the facility/program may provide the treatment.**

Add Another Intervention

If the Provider boxes are empty because you are adding another intervention or a new provider, click in the 2<sup>nd</sup> box and start typing the first few letters of FACILITY name. The 1<sup>st</sup> box will be filled in automatically by CG.

Provider:

- Contact Child Abuse Listening & Mediation (CALM) - AB3632 (I10288)
- Child Abuse Listening & Mediation (CALM) - Children's Outpatient (I10152)
- Child Abuse Listening & Mediation (CALM) - FFS Program (I10108)
- Session frequer Child Abuse Listening & Mediation (CALM) - Hope Program (I10153)
- Child Abuse Listening & Mediation (CALM) - Intensive In Home Care (I10195)
- Plan d Child Abuse Listening & Mediation (CALM) - SPIRIT Program (I10207)
- Child Abuse Listening & Mediation (CALM) - SWHF (I10273)
- Target Children's Services (Closed) - Children's Outpatient (I10043)

Associated Goals:

- improve daily living skills
- Improve family relations
- reduce temper outbursts
- Do community volunteer work

Achieved?  Achievement Date:

By typing "chil" a list of Facilities and associated Programs will appear in a list. If you don't see your Facility right away, type a few more letters. Remember not to use acronyms, such as CALM, CAC. The Facility/Program names match the agency's NPI name. Select the correct Facility AND Program name by clicking on it.

110207 Child Abuse Listening & Mediation (CALM) - SPIRIT P

Contact:

Session frequency: Every Day

Session intensity: 1 Minutes

Plan duration:  Hours

Target Date:

Achieved?  Achievement Date:

**Associated Goals:**

- improve daily living skills
- Improve family relations
- reduce temper outbursts
- Do community volunteer work

Add Another Intervention

**Authorization**

Notice a number appeared in the 1<sup>st</sup> box for Provider. This number is a system number and is not something that users need to know. Below the Provider boxes, you will see Contact. Type the name of the person who may be contacted at that facility/program with questions about the client or plan. This name does NOT have to be the Primary Service Provider, and the field is a text box, not a drop down list.

The authorization selection is next: Every plan MUST be authorized by an LPHA, which is why CG will not allow you to uncheck the LPHA box. If your client is covered by MediCare, CG will automatically check the Psychiatrist box and disable the box from being unchecked. Plan authorization is not related to note review in any way. Plans for clients who are not MediCare are NOT REQUIRED to be authorized by a Psychiatrist. It is optional. Keep in mind: The more staff you list for authorizing, the longer it will take for the plan to be completed.

**Authorization**

This Client Plan is to be forwarded to the following for authorization:

- LPHA 3395 - PATRA, CLEO
- Psychiatrist 3395 - PATRA, CLEO  Client is being treated by a non-ADMHS psychiatrist.
- Staff Select Clinician
- Assessor Select Clinician
- Program Supervisor Select Clinician
- CAFE Coordinator Select Clinician

Special Needs (Services Utilized)		
Need	Issues/Description	Action
<input type="checkbox"/> Vision accommodations	Unspecific	
<input type="checkbox"/> <del>Spoken interpretation requirements</del>	Unspecified	
<input type="checkbox"/> Written interpretation requirements	Unspecified	
<input type="checkbox"/> Hearing requirements	Unspecified	
<input type="checkbox"/> Mobility requirements		
<input type="checkbox"/> Cultural preferences		
<input type="checkbox"/> Other requirements		

If you add a Special Needs entry, be sure to CHECK that option in addition to selecting an issue and typing an action.

The next step is to enter any special needs that the client may have. Please be specific if any needs exist. You must include a description of the Action for any special need that you check.

If there are no special needs, skip this section and proceed to the Confirmation section. At this point, print out the plan as is – it will say PENDING across the page. **It is legal to have the client SIGN AND DATE a Pending plan.** Be sure to have the client date as well as sign – in California, a signature is not legal unless it is dated. Once the client has signed and dated the paper printout, check the boxes that apply under Confirmation and type in the signature date. As soon as the box is checked indicating the plan has been signed, a date box will appear to the right of the check box statement. CG will change the signature statements according to your client's age.

- Consumer **received** Client Plan
- Consumer **signed** Client Plan (12 and older)
- A service note has been used in lieu of a client signature.
- Consumer has been given Customer Service Phone Number
- LOCRI/CALOCUS has been completed for this consumer.
- Client verbally accepts services but declines to sign.
- Consumer was involved in creating plan (describe involvement below):

Date of Signature:  

If you are making MINOR revisions to the plan, do not have the client sign -- the plan end date will not change. MAJOR changes require client signature/date, and the end date will move forward 12 months from the signature date.

Authorization/Reject Notes:

Spell Check

Submit for Authorization

Save as Pending

PERSONAL INFO | SECURITY (PASSWORD) | GUIDES/HELP

Clinician's Gateway version 3.4SC.1130 (release/2009-august)  
Built: 1/25/2010 (10:14 AM)

Scroll through the plan and confirm that everything is as you want. **Once you click Submit for Authorization, you will NOT be able to make any changes.** When ready to submit for authorization, click in the box under the blue bar. Type something about submitting the plan and click Submit for Authorization – this does not have to be anything more than a few words. Your login name will be attached to whatever you type, along with the date.

**Enter New Service:**

Type of Service

Select ---- ▾

To start a new service note, select the type of service

**Pending Services**

5 Results

Srv. # ▾	Procedure ▾	Group Svc # ▾	Client # ▾	Client Name ▾	Provider ▾	Date ▾	Type ▾	Sort ▾	Reviewer ▾
1467608	Targeted Case Management (Non Billable)		987654321	POOLMAN RUBBERTOE	Santa Maria MH Services - Adult Outpa...	8/12/2009	Adult		Update...
1495119	Group Therapy	21324	987654321	POOLMAN RUBBERTOE	Lompoc Mental Health Services - Adult...	10/1/2009	Adult		Update...
1566824	Individual Rehabilitation		987654321	POOLMAN RUBBERTOE	Santa Maria MH Services - Adult Outpa...	1/5/2010	Adult	● Approved	Update...
1566751	Evaluation & Plan Development		987654321	POOLMAN RUBBERTOE	Santa Maria MH Services - Adult Outpa...	1/12/2010	First Intake	○ Draft	Update...
1566822	Individual Rehabilitation		987654321	POOLMAN RUBBERTOE	Santa Maria MH Services - Adult Outpa...	1/12/2010	Adult	● Wait	Update...

**Pending Client Plans**

1 Result

Plan # ▾	Client # ▾	Client Name ▾	Provider ▾	Date ▾	Revision ▾	Author ▾	Your Role ▾	Status ▾	Supersedes Plan # ▾
19165	987654321	POOLMAN, RUBBERTOE	Santa Maria MH Services - Adult Outpa...		9	3395	● Author	Authorizing	18778

**Advanced Search**

For: [ ] Type: [ ] Status: [ ] Provider: [ ] Date: [ ]

Once you have successfully submitted the plan for authorization, you will see the client's name on your Home Page in the Pending Plans area. While the plan is waiting to be authorized, the yellow circle with the description "Wait" will appear next to it. Once all parties have authorized, the circle will turn green, and you may open and finalize.

NOTE: If you are the LPHA and the only authorizer, CG will automatically authorize once you click the Submit for Authorization button. Once the plan has been completely authorized, you may open it, scroll to the bottom, and click the Finalize button.

## Where do I find CG forms?

Both forms used regularly by CG clinicians can be found through links in CG. The latest approved forms will be found by following these directions.

Note Deletion Request Form:

The top screenshot shows the Clinician's Gateway home page. The browser title is "Clinician's Gateway version 3.4SC (Ho...". The page header includes the "Clinicians Gateway" logo, the word "Home", a "Clients" dropdown menu, and a "Search" button. Below the header, it says "Welcome: Eva Shoemaker" and has "Home", "Menu", and "Log out" buttons. A red arrow points to the user name "Eva Shoemaker".

The bottom screenshot shows the staff information page for "Shoemaker, Eva M (33333)". The browser title is "Clinician's Gateway version 3.4SC (View...". The page header includes "Welcome: Eva Shoemaker" and "Home", "Menu", and "Log out" buttons. The main content area displays staff information:

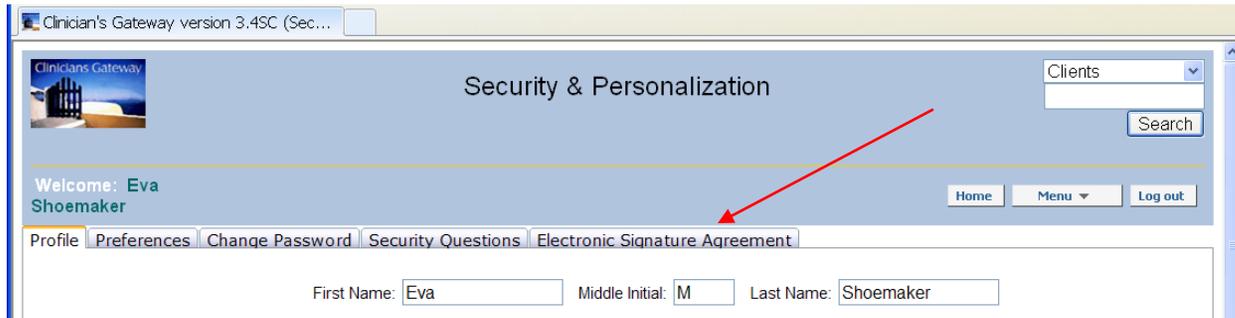
SSN:	*** ** *****	License #:		Start date:	1/1/2000
Gender:	Female	License Renew:		End date:	
BirthDate:	**/**/****	License State:		Last Changed On:	
Ethnicity:		National Provider Id:	9999999999	Taxonomy:	
Medicaid PIN:		DEA Number:		Record Created On:	
Medicare PIN:		UPIN:			
Staff Type:	Primary Service Provider, Service Coordinator				
Languages:	None				

At the bottom left of the staff information section, there is a green link that says "Delete link goes here". A red arrow points to this link.

The bottom of the page has a "Statistics" section with "Service Dates" from 1/11/2013 to 2/11/2013 and a search box.

Click on your name in the upper left corner of CG. Scroll down to the green-lettered link "Delete link goes here." When the window opens, click Open. Print out the form.

## Electronic Signature Form:



Click on the Security link at the bottom of your CG Home Page. Click on the tab labeled "Electronic Signature Agreement" when the next page opens. You will find a green-lettered link below the expiration date box. Click on the link to open the approved Electronic Signature Renewal form. Complete the form by printing your name and license, signing your name, and printing your facility/program. FAX to X6322 (for out of county phone system - 934-6322).

## Frequently Asked Questions (FAQs)

### ➤ **Are there special requirements for having notes deleted?**

- If an error is made in any of the billing elements, the note should be submitted for deletion.
  - The approved “Request to Delete Note from CG” form **MUST** be completed, signed by the note author, and submitted – **one form for each note**. Notes will **NOT** be considered for deletion without the form. This form is available electronically from MIS and the department’s website.\*
  - The only legal reasons for deleting notes are listed on the form. Any other reasons are not allowed by law.
  - Except for “wrong client” deletions, your note **WILL NOT** be deleted from CG if there is not a replacement note.
  - The form(s) and the note(s) must be **FAXED** to MIS at **934-6322**.
    - Do **NOT** use County brown mail to send notes to MIS.
    - Do **NOT** use US mail to send notes to MIS.
    - **NEVER** use email to send notes to MIS.
- \*Where do I get the form?
  - Click on your name in the upper left corner of CG, and then click on the green lettered link of the View Staff Page. The form will open;
  - Print out form, and follow directions on form
  - **FAX to 934-6322 (X6322)**.

### ➤ **I have a red warning about my Electronic Signature**

- Click on the “Security (Password)”, and then click on the Electronic Signature Agreement tab. Click on the green lettered link beneath the expiration date box. The form will open;
- Print out form, print name, sign name, date, enter agency, **FAX to 934-6322 (X6322)**