

CLIENT ADMISSION FORM

GENERAL PROCEDURES

The Client Admission Form is completed for each client admitted or readmitted into a treatment program with the intention of providing regularly scheduled, face-to-face services based upon an individualized treatment plan and assessed need and level of care. In cases where a client is receiving concurrent treatment services, the client should be reported under the program where the client is receiving treatment services other than residential treatment.

SAMS allows for 40 days from the Admission Date to enter this information into SAMS.

ADMISSION DATA

NAME: Enter the client's name. Always use the client's given name. For example, if the client's name is "Robert" use "*Robert*", not "Bob".

ACCOUNT NUMBER: This is a system generated number that will be put on the form after the client information and client admission data has been input and saved.

PROGRAM #: Three-digit identifier assigned to your facility by AMDD. See code list in Appendix A (Section 25) for a complete list of valid values.

FACILITY NUMBER: Three-digit number assigned to all facilities connected to a program, including the main facility. These numbers are assigned by provider staff.

DEMOGRAPHICS

ADMISSION DATE: Use the actual date of admission, not the day the form was completed. There are eight spaces for the month, day and year. All spaces **must** be completed.

EXAMPLE: If client was admitted to your program on June 22, 2008, you would enter: *06222008*.

CASE NUMBER: This item allows programs that have different client numbering systems to place that number in this area. The Case Number is a local number assigned by the treatment Program. It is imperative that programs that have a separate numbering system use this item. When reporting case number, fill the blocks from the right. Do not enter zeros in unused blocks. Information written in this space will appear on all output reports and may be used when making inquiries or corrections. This item can be left blank. **You can use any combination of letters, numbers and special characters in the 15-character field.**

COUNTY OF RESIDENCE: Using the county codes listed in Appendix A (Section 25), enter the county in which the client permanently resides. If the client indicates several locations, ask where

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he/she calls home. If the client lives out-of-state, use code 97. If the client does not have an address with a county, use code 99. This is a required field.

LIVING ARRANGEMENTS: This item indicates the client's living arrangements at the time of admission. This is a required field and is one of the National Outcome Measures.. **THIS DATA MUST BE UPDATED IF THE INFORMATION PROVIDED WAS INCORRECT AT THE TIME OF ADMISSION!** Valid values and their descriptions are listed below:

- **HOMELESS:** Clients with no fixed address; includes shelters or depending on family and friends for shelter (not as a taxable dependent).
- **DEPENDENT LIVING:** Client is living in a supervised setting such as a residential institution, halfway house or group home, and children (under age 18) living with parents, relatives, or guardians or in foster care.
- **INDEPENDENT LIVING:** Clients living in a domicile where individual pays rent or mortgage or owns outright without supervision.

EMPLOYMENT STATUS: Using the descriptions listed below, indicate if the client is legally employed (includes self-employment) at the time of admission. To qualify as being employed, the client's earnings must be subject to income taxes. For example, stipends and welfare payments are not taxable; therefore, the client receiving these monies would not be considered employed. Homemaker status does not count as employment. Full-time student status does not count as employment. This is a required field and is one of the National Outcome Measures. **THIS DATA MUST BE UPDATED IF THE INFORMATION PROVIDED WAS INCORRECT AT THE TIME OF ADMISSION!**

- **EMPLOYED FULL TIME:** Client works at least 35 hours per week. This option includes service in the armed forces.
- **EMPLOYED PART TIME:** Client works less than 35 hours per week, but more than 15 hours per week.
- **UNEMPLOYED:** Client has been looking for work within the last 30 days or is on layoff from a job.
- **NOT IN LABOR FORCE:** Includes homemaker, full-time student, working less than 15 hours per week, disabled, retired, institutionalized or not having looked for work within the last 30 days.
- **PUBLIC ASSISTANCE BENEFITS DEPLETED:** Client is unemployed and has depleted his/her public assistance benefits.

DETAILED NOT IN LABOR FORCE: Using the values below to provide more detailed information, this field is required for those clients who are coded as “**Not in Labor Force**” in the Employment Status field. This is one of the National Outcome Measures.

- Homemaker
- Student
- Retired
- Disabled
- Inmate of institution (prison or institution that keeps a person, otherwise able, from entering the labor force).
- Other

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HAS THE CLIENT PARTICIPATED IN A SELF-HELP GROUP, SUPPORT GROUP (E.G., AA, NA, ETC.) IN THE LAST 30 DAYS? Mark “Yes” if a client has participated in a group outside of a treatment setting; otherwise, mark “No”. Valid self-help groups include church groups and Native American Sweats. This is the Social Connectedness question required for the Block Grant.

Starting in January 2009, the Federal Contractor Synectics began collecting frequency data for the Social Connectedness question. It is a required field. Valid values for the frequency of Attendance in Last 30 days are:

- None – No attendance in the last month.
- 1 to 3 – 1-3 times in past month.
- 4 to 7 – 4-7 times in past month.
- 8 to 15 – 8-15 times in past month.
- 16 to 30 – 16-30 times in past month.
- Some – Some attendance, but frequency unknown.

TREATMENT & REFERRAL

DAYS WAITING TO ENTER TREATMENT: Enter the number of calendar days, if any, the client had to wait to receive services because the program could not accommodate him/her. Do **not** include any days of delay requested by the client.

IS CLIENT WAITING FOR HIGHER LEVEL OF CARE? Mark “Yes” if client is being admitted to a lower level of care while waiting for a higher level of care to become available; otherwise, mark “No”. The client **must** have had at least 2.5 hours of face-to-face service each month to be admitted while waiting for a higher level of care.

EXAMPLE: A client is being provided outpatient services while waiting to enter an inpatient program or an intensive outpatient slot.

NUMBER OF PRIOR CD TREATMENT EPISODES: Enter the number of times (episodes, not individual sessions) the client has received either inpatient or outpatient treatment for alcohol or drug abuse from any professional addiction treatment provider. **Do not count AA meetings or ACT education sessions.** Report all treatment programs, even if not successfully completed. Enter “0” for no previous alcohol or drug treatment.

ADMISSION STATUS: Using the values listed below, enter the admission status of the client. Admission status indicates if the client entered treatment voluntarily, as the result of a forced choice, or as a result of an involuntary court order commitment.

- VOLUNTARY: The client voluntarily entered the program.
- FORCED VOLUNTARY: The client chose to enter the program as the result of a forced choice.

EXAMPLES:

- a. The client is a repeat DUI offender who must complete 1 year monitoring.
- b. The client is a repeat DUI offender.
- c. The client entered the program as an alternative to incarceration.

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- d. The client has been referred for treatment from an ACT Program.
- e. The client is an inmate in a penal institution.
- f. Pre-release as part of parole
- **INVOLUNTARY:** The client entered the program as a result of an involuntary commitment. This option is only applicable under section 53-24-302,304 MCA. A copy of the court judgment must be included in the client file.
- **COURT ORDER:** The client entered the program as a result of a court order. A copy of the court order should be included in the client file.

IV USAGE: Mark one of the values below to indicate the last time the client administered drugs intravenously (IV) regardless of whether or not that drug is currently being used by the client. Do not include occasions when a drug was legally prescribed and administered by a physician. **THIS DATA MUST BE UPDATED IF THE INFORMATION PROVIDED WAS INCORRECT AT THE TIME OF ADMISSION!**

- Never
- During the last 12 months
- Not in the last 12 months, but since 1978
- Not since 1978, but before 1978

IS THE CLIENT ADVERSELY AFFECTED BY HIS/HER GAMBLING? This section indicates if the client has experienced adverse effects from his/her gambling, **not the gambling of a family member or significant other**. Mark "Yes" if, in the opinion of the counselor/staff and based on observations by the counselor, the client has had several of the following indicators: spending more time or money than intended, feeling guilty about the way he/she gambles, claiming to win but in fact lost, wanting to stop gambling but could not (loss of control), hiding evidence of gambling, going back another day to win back money, arguing with family or others about gambling, or losing time from work (or school) due to gambling. Other indicators are borrowing from relatives, household money, spouse, banks, loan companies, loan sharks or credit cards; passing bad checks, cashing stocks or bonds, selling personal or family property to support their gambling. **THIS DATA MUST BE UPDATED IF THE INFORMATION PROVIDED WAS INCORRECT AT THE TIME OF ADMISSION!**

AGENCY REFERRAL SOURCE: If the client was referred from a community agency or individual, enter a description from the list of values in Appendix A (Section 25). This is a required field and **must** be completed. If appropriate, Program Referral Source and Detailed Criminal Justice Referral must also be completed.

PROGRAM REFERRAL SOURCE: If the client was referred from another treatment program, enter either a state approved program code or a non-state approved program code from the code tables in Appendix A (Section 25). This field may be left blank if client is not referred from another treatment program and Agency Referral Source is not a treatment provider.

DETAILED CRIMINAL JUSTICE REFERRAL: Using the values below, provide more detailed information about those clients who are referred from one of the criminal justice agencies in the Agency Referral Source field. It is only required for clients being referred from a criminal justice agency and it is one of the National Outcome Measures (NOMS)

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- State/Federal Court
- Other Court (not State or Federal)
- Probation/Parole (Includes pre-release)
- Other recognized legal entity (e.g., local law enforcement agency, corrections agency, youth services, review board/agency).
- Diversionary program (e.g., TASC)
- Prison
- DUI/DWI
- Other

NUMBER OF ARRESTS IN LAST 30 DAYS: Enter the number of times the client was arrested in the last 30 days regardless of whether the arrest resulted in a conviction or was associated with the client's alcohol or drug use. This is one of the National Outcome Measures and needs to be updated if the client was not honest during admission.

FINANCIAL/ELIGIBILITY

HOUSEHOLD INCOME FROM ALL SOURCES (ANNUAL): Is expressed in yearly income based on formulas contained in the CDB Provider Manual, Administration Section 5 (i.e., if income is evidenced by the most recent three months, then this figure will need to be multiplied by four to determine yearly income for the SAMS reporting). Round this figure to the nearest dollar, filling the blocks from the right. Do not enter zeros in unused blocks. **THIS DATA MUST BE UPDATED IF THE INFORMATION PROVIDED WAS INCOMPLETE OR INCORRECT AT THE TIME OF ADMISSION!** Clients may not report income lower than actual to minimize the personal cost of treatment or to become financially eligible for state supported services. If new information comes to light, then the admission form would have to be updated to reflect actual income at the time of admission. **In addition, the Eligibility Income may have to be updated.**

CLIENT REFUSED TO GIVE INCOME RELATED INFORMATION: Mark this box only if the client refused to answer any answers about their annual income. The client should understand that they will not be eligible for any state supported services if this box is marked.

PAY FREQUENCY: This field indicates the frequency of pay for the amount in the Household Income field above. If the value of the Household Income is zero, you will still be required to provide a value for this field. This is a required field.

- Weekly
- Every two weeks
- Bi-monthly (twice a month)
- Monthly
- Annually
- Day Labor

NUMBER OF PEOPLE IN HOUSEHOLD: This field indicates the number of taxable dependents reliant on the household income for financial support (including the client) currently living in the domicile. Clients who are adult children taken in by their family in lieu of living on the streets are

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considered “Homeless” and the host income is not calculated in the client’s household income. This is a required field.

PRIMARY SOURCE OF INCOME: Using the values below, identify the client’s principal source of financial support. For children under 18, this field indicates the parent’s primary source of income/support. This is a required field.

- Salary/Wages
- Public assistance
- Retirement/Pension
- Disability
- Other
- None

PRIMARY SOURCE OF PAYMENT: Using the values below, enter the primary source of payment for this treatment episode. This is a required field.

- Self-pay
- Blue Cross/Blue Shield (will require a Client Insurance Form)
- Medicare
- Medicaid
- Other government payments (Includes IHS & ATR)
- Worker’s compensation
- Other health insurance companies (will require a Client Insurance Form)
- No charge (free, charity, special research or teaching)
- Other
- Block Grant (Will be billed on an AMDD Invoice)

HEALTH INSURANCE: Using the values listed below, enter the client’s health insurance status, regardless of whether or not the insurance will pay for the services provided. Clients with more than one type of insurance should report the carrier with the highest coverage since this will indicate possibility of third party payment. CHAMPUS should be reported as “*Other Private Insurance*” while IHS payment should be reported as “*IHS*”. “*Insurance Benefits Depleted*” should be used if the client has insurance but has depleted the benefits available for substance abuse treatment. “*CHIP*” should be used if the client has Children’s Health Insurance Program. This is a required field. **THIS DATA MUST BE UPDATED IF THE INFORMATION PROVIDED WAS NOT DISCLOSED AT THE TIME OF ADMISSION! You also need to update the Client Insurance Form.**

- Blue Cross/Blue Shield
- Other Private Insurance
- Medicare
- Medicaid
- IHS
- None
- Insurance Benefits Depleted
- CHIP
- ATR

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INTERIM SERVICES PROVIDED: Mark the appropriate box for those services provided to the client prior to admission. Days waiting to enter treatment should be greater than zero. Mark all that apply.

TB SERVICES include the following:

- Counseling an individual regarding tuberculosis,
- Refer for testing to determine whether an individual has been infected with mycobacteria tuberculosis to determine the appropriate form of treatment for the individual, and
- Providing for or referring an infected individual to appropriate medical evaluation and treatment.

PREGNANT WOMEN services may include the following:

- Headstart
- Housing Projects
- Family Services
- Day Treatment Programs
- Work Shelters
- Displaced Homemakers
- Homeless Shelters
- MIAMI Programs
- Counseling and education for pregnant women on the effects of alcohol and drug use on the fetus as well as referral for prenatal care.
- Women's Health Clinics
- Indian Health Services
- Child Protective Services
- Battered Women's Shelters
- WIC
- Public Health Clinics
- Women's Prison/Life Skills

IV DRUG USERS services **must** include the following:

- Counseling and education about HIV and tuberculosis,
- Counseling and education about the risks of needle-sharing,
- Counseling and education about the risks of transmission to sexual partners and infants,
- Counseling and education about steps that can be taken to ensure that HIV transmission does not occur, and
- Referral for HIV and/or TB treatment services if necessary.

CRITICAL POPULATIONS: Mark **all** the appropriate boxes for each critical population classification that applies to the client. **THIS DATA MUST BE UPDATED IF THE INFORMATION PROVIDED WAS INCORRECT AT THE TIME OF ADMISSION!**

- a. **DUI OFFENDER:** A client who received a DUI and is being admitted for treatment.
- b. **RECEIVING FOOD STAMPS:** A client who is receiving food stamps at time of admission.
- c. **RECEIVING MEDICAID:** A client who is receiving Medicaid benefits at time of admission.
- d. **RECEIVING AFDC:** A client who is receiving Aid For Dependent Children benefits at time of admission.
- e. **RECEIVING SSI:** A client who is receiving SSI benefits at time of admission.

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- f. IV DRUG USER: A client who is being admitted to treatment with a primary problem of alcohol or any other drug and who has injected drugs at any time since 1978.
- g. PROTECTIVE SERVICES CASE: A client who is involved with child protective services at time of admission.
- h. ON PROBATION: A client who is on probation at time of admission.
- i. ON PAROLE: A client who is on parole at time of admission.
- j. ON PRE-RELEASE: A client who is in a pre-release setting at time of admission.
- k. OTHER INCARCERATED PERSON: A client who is receiving services while residing in a local jail.
- l. PREGNANT WOMAN: A client who is pregnant at time of admission.
- m. WOMAN WITH DEPENDENTS: A female client who has dependent children at time of admission. You will need to say the number of dependents that will be entering the home with the client if any.
- n. HOMELESS: A client who is living in a shelter or is visible on street locations.
- o. MANDATORY MONITORING: A client who requires at least one year of treatment follow-up after a second or subsequent DUI conviction or as a condition of release in the criminal justice system.
- p. RECEIVING SSDI: A client who receives SSDI payments.
- q. INFECTED AIDS: A client who is infected with the AIDS virus.