



**Georgia Department of Behavioral Health & Developmental
Disabilities**

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Georgia Department of Behavioral Health & Developmental Disabilities

Creating Dental Episodes in myAvatar

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Episode Creation Section 1 – The Outpatient Episode

Step 1: Verify patient does not already exist in myAvatar

1. Enter Dental in the Search Forms field on the Home View
2. Select Dental Outpatient Episode from the list of possible matches

Name	Menu Path
Dental Outpatient Episode	Avatar PM / Client Management / Episode Management
Dental Assessment	Avatar CWS / Assessments / Product Assessments
Dental Note	Avatar CWS / Progress Notes

3. Enter the patient's Last Name, First Name and Date of Birth and click Search

Select Client

Last Name: TEST, First Name: DENTALPT, Sex: Female

Social Security #: --, Date of Birth: [Calendar Icon]

Alias: [Text Field], Alias (Additional Text): [Text Field]

[Search] [Clear] [View Client Picture]

4. If patient exists, highlight the row with the correct name and click the Select button. If the patient does not exist, click the New Client button.

Select Client

Last Name: TEST, First Name: DENTALPT, Sex: Female

Social Security #: --, Date of Birth: [Calendar Icon]

Alias: [Text Field], Alias (Additional Text): [Text Field]

[Search] [Clear] [View Client Picture]

Score	Name	ID	Date Of Birth	Social Secur...	Client Race
61	TEST,DENTRIX	482351	05/13/1963		White

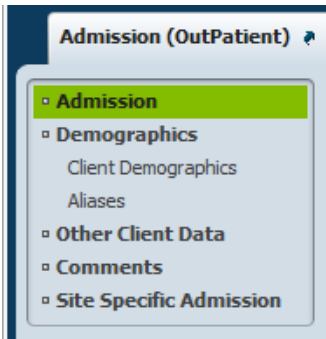
[Select] ^{OR} [New Client] [Cancel]

- If existing client is selected, go to NUMBER 7 . If New Client is selected, the next step is to search the Master Patient Index to make sure the person has never been in the DBHDD system. Enter the person's First Name, Last Name and Sex. Scroll to the bottom of the pop-up and click the Search button.

- If the person already exists, click the row with the correct name and click the Select Client button. If the person does not exist, click the Add New Client button.

- The first form in the Dental Outpatient Episode bundle, Admission (Outpatient), will display.

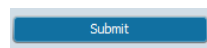
Step 2: Complete the *Admission (Outpatient)* information. This form is made up of 5 tabs that display in bold on the left side of the screen. There are required and un-required fields that are completed in each tab. To move to the next tab, just click on the bold header



The table below lists the fields to enter for each tab (required fields display in red). All the fields listed will cross from myAvatar to Dentrix.

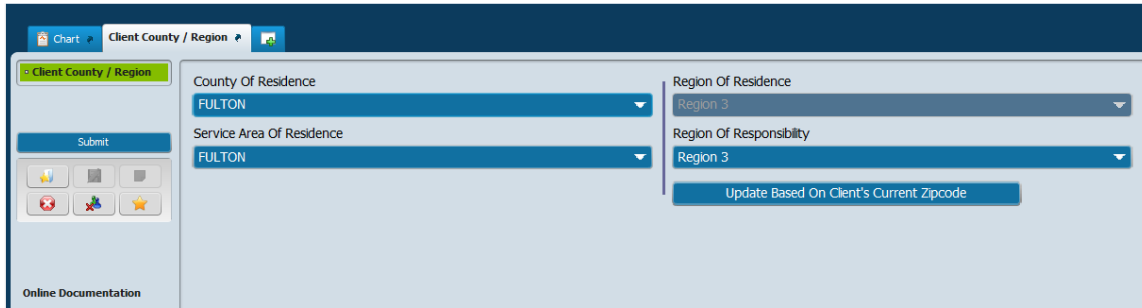
Tab Header	Fields to Enter
Admission	Date of Birth Preadmit/Admission Date – click T for today’s date Preadmit/Admission Time – click Current for current time Program = DAO100 Priority of Admission = Elective Attending Practitioner = Dentist Name Social Security Number
Demographics	Address – Street Zip Code (enter zip code and tab – City, State and County will default) Home Phone Work Phone Preferred Name Ethnic Origin Religion Marital Status Client Race Primary Language
Other Client Data	Residence at Admission / Discharge
Comments	None
Site Specific Admission	Type of Admission = First Admission Reason for Admission = No Access to Svcs. in Community Community Screening Status = Prescr CMHMR Client Level of Observation = Routine Disability Category = Mental Retardation Sensory Impairment – complete per the individual’s information English Proficiency – complete per the individual’s information Communication – complete per the individual’s information

Once all fields are completed, click the Submit button

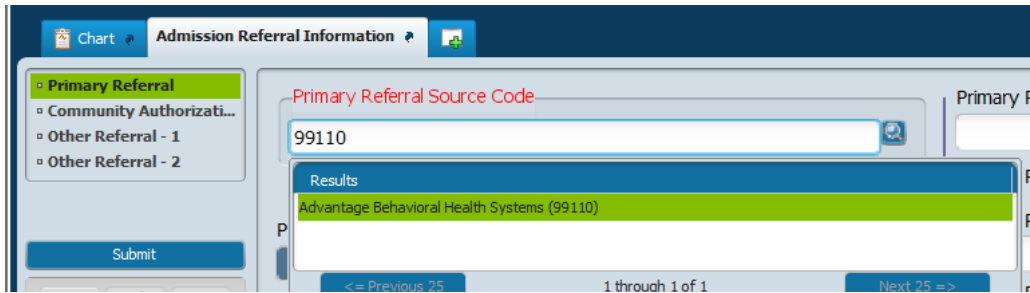


The Client County/Region screen will display.

Step 3: Verify the *Client County/Region* information. This information defaults from information entered on the Admission (Outpatient) form. Verify the information is correct, update if necessary and click the Submit button. The Admission Referral Information screen will display.

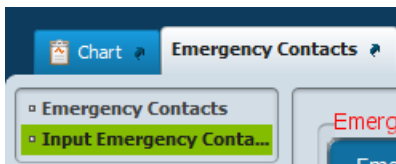


Step 4: Complete the *Admission Referral Information*. The only required field is the Primary Referral Source Code. NOTE: Most codes start with 990 except 23 and 110. These two begin with 991 (99123 for example). Once done, click the Submit button. The Emergency Contacts screen will display.

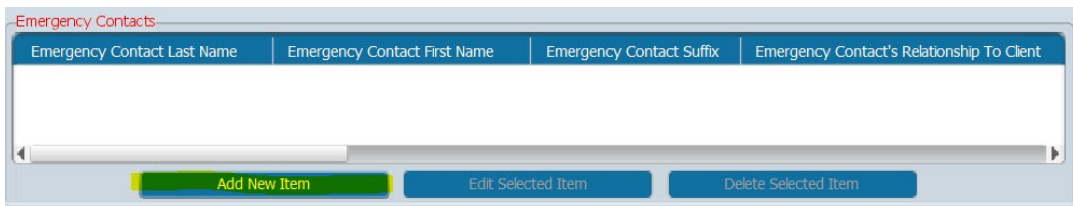


Step 5: Enter the *Emergency Contacts* for the person.

Click the Input Emergency Contacts bold header



Click the Add New Item button.



Enter Emergency Contact Last Name, Emergency Contact First Name, Emergency Contact's Relationship to Client and all known contact information. To add more than one contact, click the Add New Item button and repeat entry. Once done, click the Submit button. The Allergies and Hypersensitivities screen will display.

Step 6: Enter the person's *Allergies and Hypersensitivities*.

The screenshot shows the configuration interface for Allergies and Hypersensitivities. On the left, there is a sidebar with a 'Submit' button and a 'Display' button. The main area contains several sections with radio button options:

- Include Allergies on Report:** Radio buttons for 'Active', 'Inactive', and 'Both'. 'Both' is selected.
- Display:**
 - Allergies/Hypersensitivities Reviewed:** Radio buttons for 'Yes' and 'No'. 'No' is selected.
 - Known Medication Allergies:** Radio buttons for 'Yes' and 'No'. 'No' is selected.
 - Known Food Allergies:** Radio buttons for 'Yes' and 'No'. 'No' is selected.

An 'Update' button is highlighted in yellow at the bottom of the configuration area.

Click the Update button.

The screenshot shows the data grid for Allergies and Hypersensitivities. The grid is currently empty. The header row contains the following columns: Row ID, Allergen/Reactant, Date Recognized, Status, Reactions, Reaction Severity, Onset, Date Recorded, Treatment, and Comments. At the bottom of the grid, there is a toolbar with buttons: New Row, Delete Row, Save, Close/Cancel, Copy/Paste Row, Copy Cell, and Paste Cell. The 'New Row' button is highlighted in yellow.

To enter Allergy and Hypersensitivities, the New Row button must be clicked for each allergy and/or hypersensitivity. When clicked, a row will display in the grid.

The screenshot shows the data grid with one row displayed. The row ID is 1. The Allergen/Reactant field is highlighted in yellow. The Date Recorded field contains the value 12/03/2021.

Row ID	Allergen/Reactant	Date Recognized	Status	Reactions	Reaction Severity	Onset	Date Recorded	Treatment	Comments
1							12/03/2021		

Enter the first 4-5 characters of the allergy in the Allergen/Reactant field and Tab out of the field. A list of possible matches will display. Click on the appropriate match to populate the field. Hit TAB key.

NOTE #1: IF there are no known allergies, type No known in the Allergen/Reactant field and select from the list of possible selections. TAB to the next field.

NOTE #2: Fields become required based on what is entered in the Allergen/Reactant field. The required fields will be outlined in red.

Row ID	Allergen/Reactant	Date Recognized	Status	Reactions	Reaction Severity	Onset	Date Recorded	Treatment	Comments
1	PENICILLIN (MDX-39913)						12/03/2021		

You will now be in the Date Recognized field. Note that the field to be entered will be highlighted in yellow. Enter the Date Recognized and TAB.

Row ID	Allergen/Reactant	Date Recognized	Status	Reactions	Reaction Severity	Onset	Date Recorded	Treatment	Comments
1	PENICILLIN (MDX-39913)	12/03/2021					12/03/2021		

Double click in the Status field to display a list of options to select. Click the correct status and then click the Select button to populate the field.

Status	Reactions	Reaction Severity	Onset

Status search results:

Code	Description
01	Confirmed
02	Discontinued
03	Suspected

Row ID	Allergen/Reactant	Date Recognized	Status	Reactions	Reaction Severity	Onset	Date Recorded	Treatment	Comments
1	PENICILLIN (MDX-39913)	12/03/2021	Confirmed (01)				12/03/2021		

If there is an allergy, double click in the Reaction field to display a list of options to select. Click the correct reaction(s) and the OK button to populate the field.

Reactions	Reaction Severity	Onset	Date Rec
Chest Pain&Di...			12/03/202

- (SCT-39579001) Anaphylaxis
- (SCT-48694002) Anxiety
- (SCT-7973008) Blurred Vision
- (SCT-29857009) Chest Pain
- (SCT-85804007) Congestion
- (SCT-267036007) Difficulty Breathing
- (SCT-288939007) Difficulty Swallowing
- (SCT-404640003) Dizziness
- (SCT-778528006) Facial Swellinn

Row ID	Allergen/Reactant	Date Recognized	Status	Reactions	Reaction Severity	Onset	Date Recorded	Treatment	Comments
1	PENICILLIN (MDX-39913)	12/03/2021	Confirmed (01)	Chest Pain&Diff...			12/03/2021		

Double click in the Reaction Severity field to display a list of possible options to select. Click the appropriate reaction severity and the Select button.

Reaction Severity	Onset	Date Recorded	Treatment
		12/03/2021	

Reaction Severity search results:

Code	Description
SCT-399166001	Fatal
SCT-442452003	Life threatening severity
SCT-255604002	Mild
SCT-371923003	Mild to moderate
SCT-6736007	Moderate

Select Cancel

Once all fields are completed, click the SAVE button at the bottom of the screen.

Row ID	Allergen/Reactant	Date Recognized	Status	Reactions	Reaction Severity	Onset	Date Recorded	Treatment	Comments
1	PENICILLIN (MDX-39913)	12/03/2021	Confirmed (01)	Chest Pain&Diff...	Mild (SCT-255...		12/03/2021		

New Row Delete Row **Save** Close/Cancel Copy/Paste Row Copy Cell Paste Cell

This will return you the Allergies and Hypersensitivities main page.

If there are no Known Food Allergies, click No.

Notice that the Known Medication Allergies field has been set to Yes because a medication allergy was entered. If a food allergy had also been entered on the grid, the Known Food Allergies would be set to Yes. If No Known Allergies is entered in the grid, both Known Medication Allergies and Known Food Allergies will be set to No.

Important: Click the Submit button on the left of the screen to save the allergies and hypersensitivities.

The episode creation is complete.

The person will cross the interface to Dentrax and will be available for documenting on in Dentrax.

Episode Creation Section II – The Inpatient Episode

Inpatient episodes are created by Admission Staff and will automatically cross from myAvatar to Dentrax. These episodes will send the Psychiatrist as the Attending MD, so the Practitioner will need to be updated to the Dentist's name in Dentrax for all inpatients.

Step 1: Sign into Dentrax

Step 2: From the Office Manager view, click the Family File icon to open the Family File

Date	Description	Clinic	Time Zone	Operator	Status
10/02/2017	Operator Day Sheet(ALGONZALEZ) Alphabetical	ATL	UTC -04:00 [EDT]	440003470	Displayed
10/02/2017	Operator Day Sheet(ALGONZALEZ) Alphabetical	ATL	UTC -04:00 [EDT]	440003470	UnPrinted
10/02/2017	Family Walk/Out Statement (MABIL, JAMES)	ATL	UTC -04:00 [EDT]	440002904	Displayed
10/02/2017	Family Walk/Out Statement (MABIL, JAMES)	ATL	UTC -04:00 [EDT]	440002904	Printed
10/12/2017	Family Walk/Out Statement (EWING, TITIAN S)	ATL	UTC -04:00 [EDT]	440002904	Printed
11/29/2017	Day Sheet (Chronological)	ATL	UTC -05:00 [EST]	440001523	UnPrinted
11/29/2017	Operator Day Sheet(RBROOKS) Alphabetical	ATL	UTC -05:00 [EST]	440001523	Displayed
03/08/2018	Day Sheet (Chronological)	ATL	UTC -05:00 [EST]	ASGARDNER	Displayed
11/06/2018	Patient Note Report	ATL	UTC -05:00 [EST]	DDPORTER	Displayed
11/06/2018	Patient Note Report	ATL	UTC -05:00 [EST]	DDPORTER	Printed

Step 3: From the Family File, click the icon to select a patient:

Dentrix Family File - 0
File Edit Help

Name: _____ **Consent:** _____ **Chart #:** _____
Address: _____ **First Visit:** _____ **Clinic:** _____
Phone: _____ **Last Visit:** _____ **SS#:** _____
Status: _____ **Missed Appt:** _____ **Birthdate:** _____
E-Mail: _____ **Provider:** _____
Fee Sched: _____ **Fee Sched:** _____

Medical Alerts: **Employer:** _____ **Cont. Care:** _____

Insurance: Dental Primary **Patient Notes:** _____
Company: _____ **Group Plan:** _____ **Group #:** _____
Fee Sched: _____ **Coverage:** 0.00 **Used:** 0.00 **Met:** 0/0/0
Ded. S/P/O: 0/0/0

0->30	31->60	61->90	91->	Suspended	Balance
0.00	0.00	0.00	0.00	0.00	0.00

Referred By: _____ **Referred To:** _____
Payment Amt: NA **Ant Past Due:** NA
Bill Type: 0 **Last Payment:** 0.00

Status	Name	Position	Gender	Patient	Birthdate

Step 4: Type in the first 4-5 characters of the patient's last name and click the double arrows

Select Patient

Search By: Appointments | Advanced Search

Patient Info:
 Last Name (Last, First) Other ID Subscriber ID
 First Name (First Last) Chart # Home Phone
 Preferred Name SS # Birthdate

Clinic:
 This clinic All clinics My clinics

Show On Screen Keyboard

Enter Last Name (Last, First):

Include Archived Patients

HoH	Last Name	First Name	MI	Preferred Name	Birthdate	Sex	Provider	Clinic	Status	Chart #
*	TEST	BENTLEY			9/17/2000	M	440001523	ATL	Patient	493035
*	TEST	DENTALPT			11/5/1994	F	440001523	ATL	Patient	493033
*	TEST	DENTRIX			5/13/1963	F	440001523	ATL	Patient	482351
*	TEST	DIETARY			3/15/1970	M	440003294	ATL	Patient	492869
*	TEST	FSK				M	440001523	ATL	Patient	492927
*	TEST	OSTRICH			12/15/1940	M	No_Prov	ATL	Patient	493034
*	TEST	RXCENISE				F	No_Prov	ATL	Patient	492860
*	TEST	WENDI			10/12/1998	F	440001523	ATL	Patient	493041
*	TESTING	ATLANTA			5/13/1963	M	440001523	ATL	Patient	493030
*	TESTING	DENTALEPISODE			12/1/1960	M	440001523	ATL	Patient	493013

Previously Selected Patients

HoH	Last Name	First Name	MI	Preferred Name	Birthdate	Sex	Provider	Clinic	Status	Chart #
*	TEST	SNOWMAN			7/4/1960	M	410000563	CSHCOOK	Patient	493042
*	TEST	WENDI			10/12/1998	F	440001523	ATL	Patient	493041
*	GOPHER	DAN			10/12/1950	M	440001492	ATL	Patient	493037
*	TEST	BENTLEY			9/17/2000	M	440001523	ATL	Patient	493035

Step 5: Highlight the row of the correct patient in the grid and click OK button to select the patient.

Select Patient

Search By: Appointments | **Advanced Search**

Patient Info:

 Last Name (Last, First)

 First Name (First Last)

 Preferred Name

 Other ID

 Chart #

 SS #

 Subscriber ID

 Home Phone

 Birthdate

Clinic:

 This clinic

 All clinics

 My clinics

Show On Screen Keyboard

Enter Last Name (Last, First):

Include Archived Patients

HoH	Last Name	First Name	MI	Preferred Name	Birthdate	Sex	Provider	Clinic	Status	Chart #
*	TEST	BENTLEY			9/17/2000	M	440001523	ATL	Patient	493035
*	TEST	DENTALPT			11/5/1994	F	440001523	ATL	Patient	493033
*	TEST	DENTRIX			5/13/1963	F	440001523	ATL	Patient	482351
*	TEST	DIETARY			3/15/1970	M	440003294	ATL	Patient	492869
*	TEST	FSK				M	440001523	ATL	Patient	492927
*	TEST	OSTRICH			12/15/1940	M	No_Prov	ATL	Patient	493034
*	TEST	RXCENISE				F	No_Prov	ATL	Patient	492860
*	TEST	WENDI			10/12/1998	F	440001523	ATL	Patient	493041
*	TESTING	ATLANTA			5/13/1963	M	440001523	ATL	Patient	493030
*	TESTING	DENTALEPISODE			12/1/1960	M	440001523	ATL	Patient	493013

Previously Selected Patients

HoH	Last Name	First Name	MI	Preferred Name	Birthdate	Sex	Provider	Clinic	Status	Chart #
*	TEST	SNOWMAN			7/4/1960	M	410000563	CSHCOOK	Patient	493042
*	TEST	WENDI			10/12/1998	F	440001523	ATL	Patient	493041
*	GOPHER	DAN			10/12/1950	M	440001492	ATL	Patient	493037
*	TEST	BENTLEY			9/17/2000	M	440001523	ATL	Patient	493035

More Info | New Patient/Family | **OK** | Cancel

Step 6: Double click in the Demographics section in blue at the top of the Family File

Name: TEST, DIETARY Chart #: 492869

Address: Double click here Consent: Clinic: ATL

Phone: First Visit: SS#: 218-31-6164

 Last Visit: Birthday: 03/15/1970, 51

 Missed Appt: Provider: 440003294

 E-Mail: Fee Sched: 1. FEE 1

Status: Active, M, Single, Guar, H-of-H

Medical Alerts Employer Cont. Care

Insurance: Dental Primary Patient Notes

Company: (No Note)

Group Plan: Coverage: 0.00 Used: 0.00

Group #: Ded. S/P/O: 0/0/0 Met: 0/0/0

0-->30	31-->60	61-->90	91-->	Suspended	Balance
0.00	0.00	0.00	0.00	0.00	0.00

Payment Amt: NA Amt Past Due: NA

Bill Type: 1 Last Payment: 0.00

Status	Name	Position	Gender	Patient	Birthdate
HofH Guar	TEST, DIETARY	Single	Male	Yes	03/15/1970

Step 7: Click the arrow in the Prov1 field

The screenshot shows a 'Patient Information' window with three main sections: Personal, Demographics, and Office Info. The 'Office Info' section contains a 'Prov1' field with the value '440003294' and a double arrow button '>>' to its right. The 'Prov2' field is empty with a double arrow button '>>' to its right. Other fields in 'Office Info' include 'Clinic' (ATL), 'Initial Provider', 'Fee Schedule' (1. FEE 1), and 'Chart #'. The 'Personal' section has fields for Last, First, Middle, Preferred, Suffix, and Salutation. The 'Demographics' section has dropdown menus for Patient Status (Patient), Sex (Male), Marital (Single), Language (English), Race (White), and Other Race (Unspecified).

Step 8: Enter the dentist number or name and click the double arrows to open the Select Provider box.

The screenshot shows a 'Select Provider' dialog box. It has a search area with 'ID' and 'Last Name' fields, each followed by a double arrow button '>>'. The 'Last Name' field contains the text 'brooks'. To the right of the search area is a 'Search By:' section with three radio button options: 'This Clinic' (selected), 'All Providers', and 'My Clinics'. Below the search area is a table with three columns: 'ID', 'Name', and 'Clinic ID'. The table is currently empty. At the bottom of the dialog are 'OK' and 'Cancel' buttons.

Step 9: Enter either the Dentist's numeric ID or last name and click the double arrows

This screenshot is similar to the previous one, showing the 'Select Provider' dialog box. The 'ID' and 'Last Name' fields are highlighted in yellow. The 'Last Name' field contains the text 'brooks'. The 'Search By:' section has 'This Clinic' selected. The table below is empty. The 'OK' and 'Cancel' buttons are at the bottom.

Step 10: Click on the row that contains the provider's name and then click the OK button

Select Provider

ID: Last Name: >>

Search By:

- This Clinic
- All Providers
- All Clinics
- In ApptBook
- My Clinics

ID	Name	Clinic ID
440001523	Brooks, Roy	ATL

OK Cancel

Step 11: Verify the dentist's ID displays in the Pro1 field and click the OK button (return to Family File).

Patient Information

Personal

Last: TEST First: DIETARY
 Middle: Preferred:
 Suffix: Salutation:
 Title: Pat Class: Title on Stmt: P
 Birthdate: 03/15/1970 Age: 51 Death Date:
 SS#: 218-31-6164 Other ID:
 Pat Ext ID: 492869 Driver's License #:

Demographics

Patient Status: Patient Sex: Male
 Marital: Single Language: English
 Race: White Other Race: Unspecified
 Ethnicity: Not Hispanic Other Ethnicity: Unspecified
 Poverty Level: Unspecified Religion: Unspecified
 Veteran: Unspecified
 User Def. Cat.: Unspecified Worker Status: Unspecified
 Gender Identity: Unspecified Homeless Status: Unspecified
 Sexual Orientation: Unspecified Housing Status: Unspecified

Office Info

Pro1: 440001523 Pro2:
 Clinic: ATL Initial Provider:
 Fee Schedule: 1. FEE 1
 Chart #: 492869
 Consent Date:
 First Visit: Last Visit:
 Last Missed Appt: # Missed: 0

Patient Alias

Last Name: First Name:
 Middle: Suffix:

Mother's Maiden

Last Name: First Name:
 Middle: Suffix:

Contact Info

Home: Mobile:
 Work: Ext.: Other:
 FAX: Time To Call:
 Home Email:
 Work Email:

Communication

Contact Preference: Unspecified
 No phone calls
 No correspondence
 Disclosure restriction

OK Cancel