



Monthly Status Report (MSR) Avatar Instructions

The Monthly Status Report (MSR) is currently being completed as a paper form, which is then submitted to the provider’s contract analyst with their billing documentation. The MSR has expanded to satisfy new reporting requirements under the DMC-ODS and must be entered into Avatar beginning January 1, 2019. The MSR must be completed by the 20th of each month with information from the prior month (aside from the four questions at the bottom of the Monthly Questions page, which ask the provider to anticipate any changes to the program).

Step 1: Sign into Avatar using “LIVESUD” as the System Code.

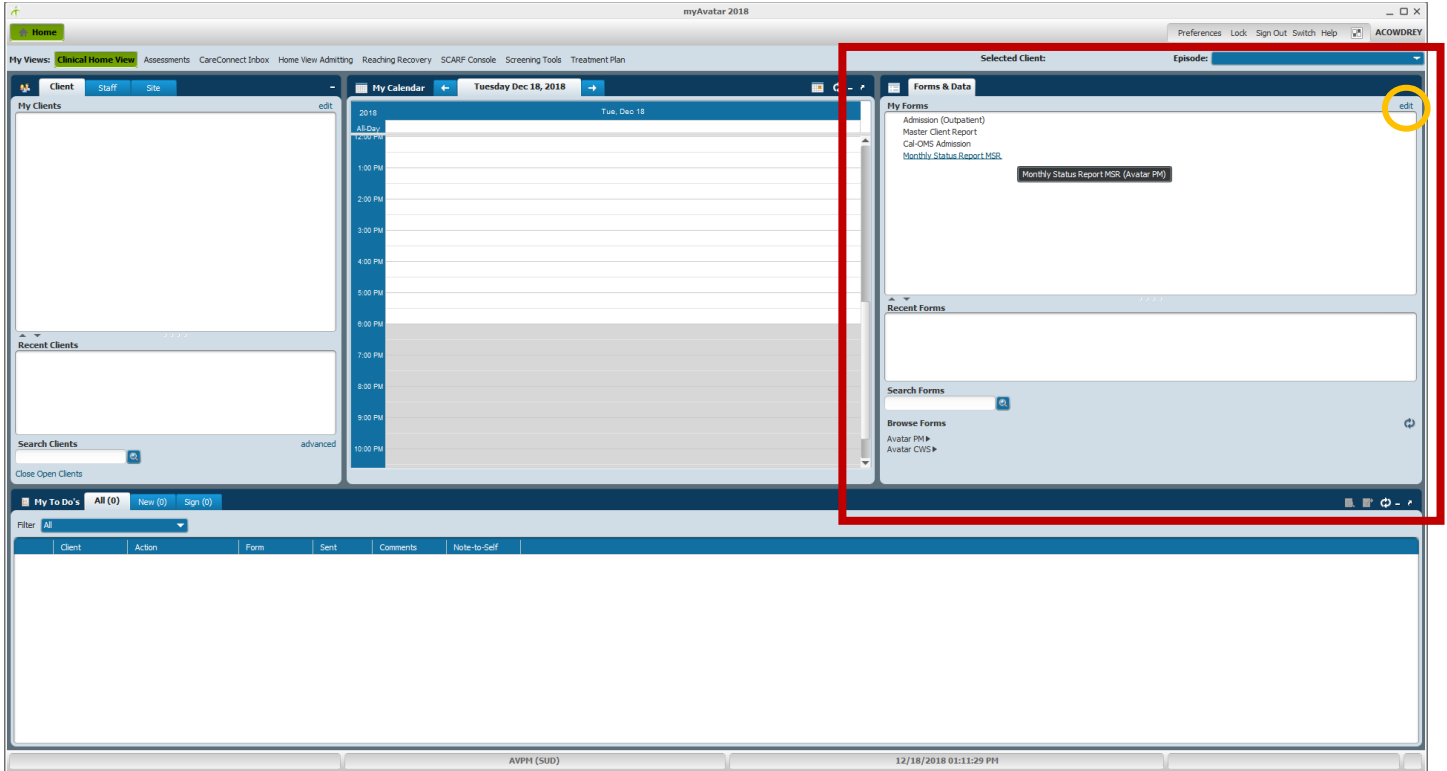
Remember: the User Name and System Code must be all caps.



Notes:

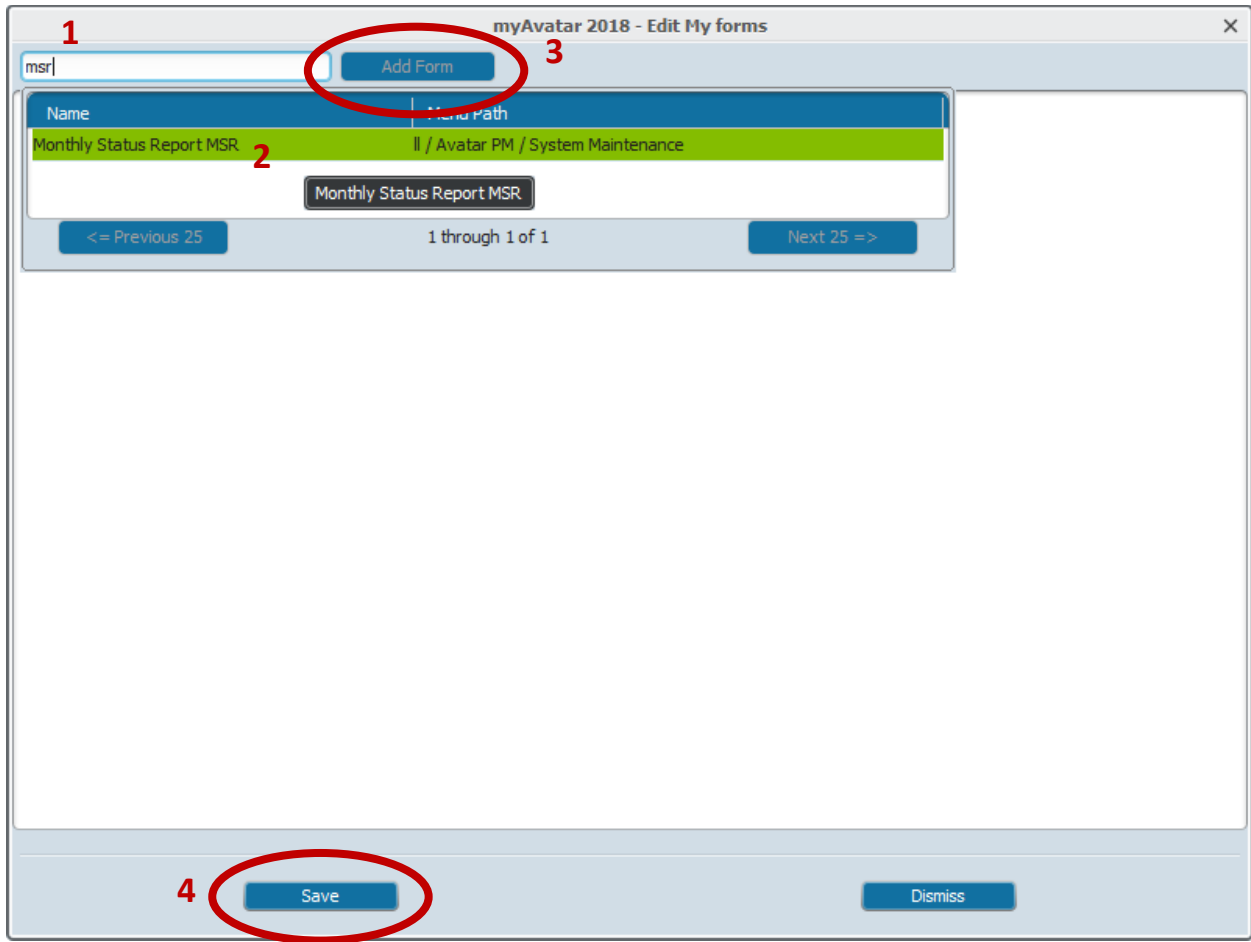
Step 2: On the Avatar landing page, if “Monthly Status Report MSR” is not already showing up under My Forms, you’ll need to add it by clicking “edit” in the top, right corner of that section.

If the Monthly Status Report is already listed under My Forms, skip to step 3.



Notes:

Step 2 (continued): Enter “msr” into the search bar and the form should populate underneath. Double-click the name of the form in the green area, click “Add Form” and then “Save” at the bottom of the box.

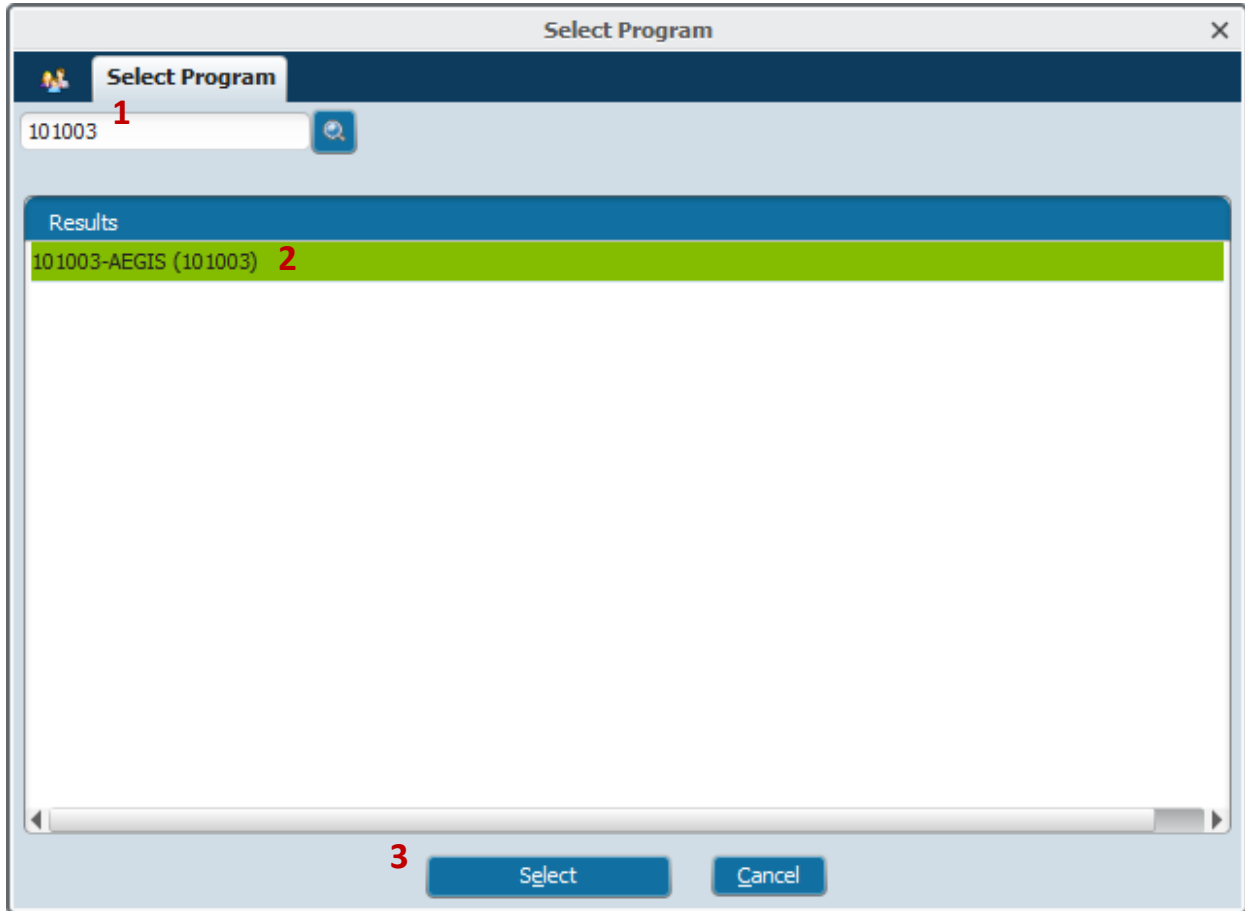


The Monthly Status Report should now show up under My Forms. If it doesn't, you may need to refresh the page.

Notes:

Step 3: Back at the landing page, click on the Monthly Status Report and it will ask you to enter the six-digit program code. Highlight the correct program, then click “Select” at the bottom of the dialogue box.

Please note: a Monthly Status Report must be completed for each program code.



Notes:

Step 4: Please complete the MSR with the program information as follows:

a) Enter the date the form is being completed.	h) Indicate all languages offered by staff within the program.
b) Enter the program's physical location.	i) Indicate the populations served within the program.
c) Enter the program's zip code.	j) Indicate the program's cultural focus, if any.
d) Enter the program's contact number for clients.	k) Indicate any additional services offered by the program.
e) Enter the hours of operation for the program (24 hours for residential facilities).	l) Answer "Yes" or "No" if the program has disability access.
f) Enter the website for the program or organization.	m) Indicate the three Evidence Based Practices used within the program.
g) Enter an email address that client's may email. If the provider doesn't have an email address, please enter "N/A."	n) Indicate the program's ASAM level of care.

The screenshot shows the 'Monthly Status Report MSR' form. The fields are marked with red letters corresponding to the instructions in Step 4:

- a**: Month of (01/01/2019)
- b**: Address (1234 Fake Lane)
- c**: Zip Code (93720)
- d**: Phone Number (559-123-4567)
- e**: Service Hours (8:00am - 5:00pm, OR 24 hour facility)
- f**: Web Site (www.co.fresno.ca.us)
- g**: Email Address (ACWaiver@fresnocountyca.gov)
- h**: Languages Offered (American Sign Language (ASL) is checked)
- i**: Populations Served (Youth is checked)
- j**: Cultural Focus (LGBTQ+, Native American, and Veterans are checked)
- k**: Additional Services (MAT and Telehealth Services are checked)
- l**: Disability Access (Yes is selected)
- m**: Specialty (EBPs Utilized) (CBT, MI and Relapse Prevention are listed)
- n**: ASAM Levels of Care (Residential - 3.1, Residential - 3.3, and Residential - 3.5 are checked)

Please note: Once this information is entered for the first time, it will carry over every month so in subsequent months, providers will only need to review the information to ensure it's still correct and make any changes as appropriate.

Notes:

Step 5: Answer the monthly questions and complete the comments sections, if applicable. These questions are on the current MSR and we don't anticipate any change to them at this time. The monthly questions ask the provider to anticipate if there will be any changes to the program within the next month.

The screenshot shows a web interface for a 'Monthly Questions' form. On the left, there are navigation tabs for 'Clinical Staff Changes' and 'Staff Training Status', a 'Submit' button, and a set of icons. The main content area is titled 'Monthly Questions' and contains the following text: 'Please assist us in maintaining network adequacy for drug medical services. Indicate if there are any changes to your program. Please respond to all of the questions below and if explanations are needed, provide them in the designated areas.'

The form consists of four sections, each with a question, radio button options, and a comments field:

- Section 1:** Question: 'Do you foresee discontinuation of the dmc program?'. Options: 'Yes' (unselected), 'No' (selected). Comments field: 'Comments (discontinuation)'. Includes a text area with a scroll bar and a 'Save' icon.
- Section 2:** Question: 'Do you have proposed reductions or changes to your DMC Program?'. Options: 'Yes' (unselected), 'No' (selected). Comments field: 'Comments (proposed reductions)'. Includes a text area with a scroll bar and a 'Save' icon.
- Section 3:** Question: 'Do you anticipate any recertification triggering changes such as a change in location, ownership, availability of services, or facility remodeling?'. Options: 'Yes' (unselected), 'No' (selected). Comments field: 'Comments (recertification)'. Includes a text area with a scroll bar and a 'Save' icon.
- Section 4:** Question: 'Do you foresee any other changes not listed above that would affect your participation in the DMC Program?'. Options: 'Yes' (unselected), 'No' (selected). Comments field: 'Comments (other changes)'. Includes a text area with a scroll bar and a 'Save' icon.

Notes:

Step 6: The Language Line Utilization page will ask the provider to report any instances where a language line was accessed instead of using a staff member or contracted interpreter. DBH must report language line utilization to the State to satisfy Network Adequacy requirements.

Enter all of the instances where the language line was utilized within the program since the last time the MSR was completed.

- a) Click the “Add New Item” button;
- b) Enter the date the language line was accessed;
- c) Enter the language interpreted or translated through the language line;
- d) Enter the type of encounter with the person-served (through the Access Line, telehealth or in-person); and
- e) Enter the reason why the provider was unable to interpret or translate in-house either with a provider staff member or contracted interpreter.

The screenshot shows the 'Monthly Status Report MSR' interface. On the left sidebar, there are navigation options: 'MSR', 'Monthly Questions', 'Language Line Utilization' (highlighted), 'Clinical Staff Changes', and 'Staff Training Status'. Below these is a 'Submit' button and a set of icons. The main content area is titled 'Language Line Usage' and contains a table with the following data:

Date	Language Provided	Type of Encounter
12/18/2018	Armenian	Access Line

Below the table, there are three input fields: 'Date' (labeled 'b'), 'Language Provided' (labeled 'c'), and 'Type of Encounter' (labeled 'd'). Below these is a text area for 'Reason (I.E., Why provider staff or contracted interpreter could not translate?)' (labeled 'e'). To the right of the table, there are three buttons: 'Add New Item' (labeled 'a'), 'Edit Selected Item', and 'Delete Selected Item'.

Notes:

Step 7: The Clinical Staff Changes page asks the provider to report any time a staff member providing direct services is reclassified into or out of a clinical position and when a clinical staff member is no longer working for the provider. If a licensed individual is working within the organization but not providing direct services, do not include them. This information is collected in order to update the provider directory, which DBH is required to update every 30 days.

- | | |
|---|---|
| a) Click "Add New Item." | g) Enter their NPI number. |
| b) Use the search box to find the staff member.
<i>Note: if they're reclassified or promote into a clinical position, they will not show up in Avatar until they're approved by the Credentialing Committee.</i> | h) Enter their ethnicity. |
| c) Enter their job title. | i) Enter their gender. |
| d) Enter their type of licensure (e.g., LCSW, RN, etc.) | j) Indicate whether or not the provider is an LPHA. |
| e) Enter their license number. | k) Enter the date of the job change. |
| f) Enter the expiration date of their license. | l) Select what type of job change occurred. |

Monthly Status Report MSR

MSR
 Monthly Questions
 Language Line Utilization
Clinical Staff Changes
 Staff Training Status

Submit

Clinical Staff Changes

Staff N...	Type of Licensure	Licensure Number	Expiration D...	NPI Nu...	Et...	G...	Is provider an LPHA?	Date of Info
WINSL...	LCSW	ABC123456	01/01/2020	123456...	Ca...	Male	Yes	12/17/2018

a Add New Item Edit Selected Item Delete Selected Item

Please indicate if any direct service providing staff experienced changes to the information below as well as any clinical staff reclassifications or terminations.

Staff Name **b** Title **c**
 MARK WINSLOW (008377) Clinical Supervisor

Type of Licensure **d** Licensure Number **e** Expiration Date **f**
 LCSW ABC123456 01/01/2020

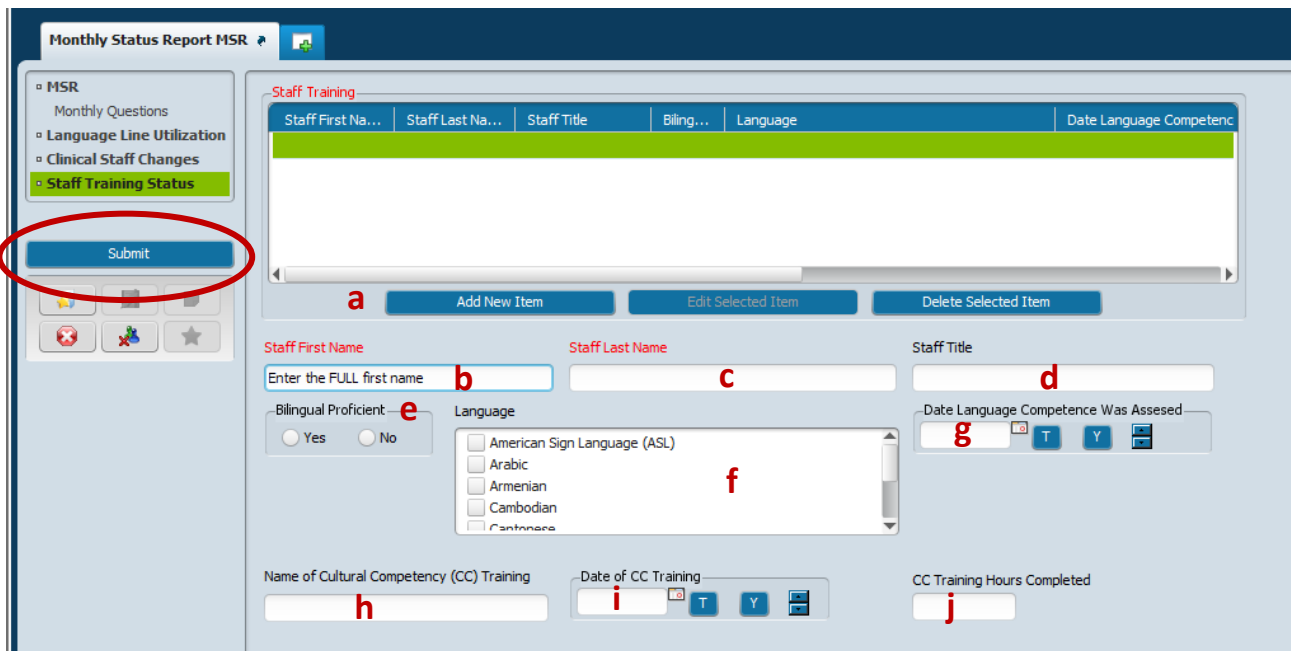
NPI Number **g** Ethnicity **h** Gender **i**
 123456789 Caucasian Male

Is provider an LPHA? **j** Date of Information Change **k** Type of Change **l**
 Yes No 12/17/2018
 Reclassification
 Termination

Notes:

Step 8: The Staff Training Status page satisfies a couple of State reporting requirements, including bilingual proficiency and cultural competency training. Every time a staff member completes cultural competency training or their language competency is assessed, it must be entered on this page. As a reminder, provider staff must complete at least 8 hours of cultural competency training every fiscal year.

a) Click “Add New Item.”	f) Indicate which languages they’re proficient in.
b) Enter the staff member’s first name. <i>Note: enter the staff member’s full legal name, not what they prefer to be called (e.g., enter Michael instead of Mike).</i>	g) Enter the date language competence was assessed.
c) Enter their last name.	h) Enter the name of the cultural competency training completed. <i>Note: the County’s 2-day, in-person training is called HEMCDT.</i>
d) Enter their job title.	i) Enter the date the training was completed/attended. If it’s a multiple day training, there will need to be an entry for each day.
e) Indicate whether they’re bilingual proficient.	j) Enter the number of training hours completed.



Once all pages are completed, click the “Submit” button on the left side of the page.

Notes:
