CHADIS Checklist

Please review this CHADIS Users' Packet in its entirety and complete the following tasks to start using CHADIS in your daily practice.

For the best implementation, we recommend strongly that each practice establish one Lead person who is responsible for implementing all aspects of CHADIS throughout the practice. Additionally, we suggest the most senior member of the Administrative staff taking this role.

☐ **Copy** the CHADIS *How to Handbook* and distribute it to all Staff members

☐ **Review** the *Default Automatic Assignments* (Pages 10-12) which delineate the questionnaires assigned to all patients based on age and visit type

☐ **Enter** your practice's phone number on the *CHADIS Registration Letter* (Page 18) in the space provided (this number will act as the Invitation Code for your practice). When completed, make copies and distribute to families

☐ **Create** a link to CHADIS on your website (if your practice has a website) (see instructions on Page 20)

☐ **Collect** parents' email addresses to facilitate their registration (if you do not do so already)

☐ **Implement** as many applicable notification procedures as possible (Page 16)

☐ **Establish** reminders for parents to complete CHADIS -- on posters, your automated telephone reminder system messages, on-hold messages and appointment cards

iii

☐ **Arrange** to bill 96110 screens by reviewing the list of reimbursable, validated tools, setting up the code on billing sheets and determining your charge rate (Page 14)

☐ **Decide** how resources printed out from CHADIS will be handed to patients

☐ **Send** your preferred Clinical Care resources and handouts to CHADIS for inclusion in the CHADIS Resource database

Glossary of Terms Used in this Manual

Parent – Used throughout this Manual, refers to any person completing CHADIS questionnaires.

Automatic Assignments – Any questionnaires that are selected by a practice to appear automatically after login to be completed for children of a given age and type of visit

CHADIS Report – Comprehensive summary of completed parent questionnaires and their scored results for one visit.

Clinician – Professional providing direct patient care. Clinicians have permission to view all data for the practice in CHADIS that is not designated Private.

Clinician Worksheet - Interactive web pages containing CHADIS report and any data entered during the visit. Also gives links to electronic textbook and resources.

Diagnostic and Treatment Worksheet (DTW) – Electronic chapter for the Clinician

Exclusive – Function in CHADIS that allows searching for patients assigned to one Clinician

Invitation Code – Unique identifier that allows parents to enter data in the practice files. This is usually the ten-digit office phone number.

Resources – Listing of handouts, providers, books, agencies, etc. to assist in patient care and support strengths

Respondent – Person completing questionnaires in CHADIS. May be parent, teenage patient, or teacher.

v

Visit type – Reason for visit to the Clinician. These categories can be selected by a practice to match services commonly provided and auto assignments set up for each visit type.

Homepage – The first page seen by practices when first entering CHADIS

Table of Contents

Office Setup Overview

This section guides you through setting up your office to use CHADIS. There are three essential steps in this process.

1. Watch the Video

Prior to using CHADIS, watch the brief demonstration movie located online at www.CHADIS.com in the *For Clinicians* tab

2. Use the Demo Site

After watching the video, follow *The 5 Step Process* outlined on the next page to review all the CHADIS functionality. The CHADIS Demo Site is accessed by logging in on the CHADIS website under the *For Clinicians* tab.

To gain a complete knowledge and understanding of all of CHADIS' functionality, we recommend simulating the use of CHADIS as each of the following: Clinician, Office Staff member and Parent. The *How to Handbook* is a good tool to assist you in these simulations.

3. Review Default settings:

Once familiarized with CHADIS through using the Demo Site, the Clinician should review the CHADIS *Default Automatic Assignments*, which delineate the questionnaires assigned to all patients based on age and visit type.

The current default settings in CHADIS include all of the Developmental and Mental Health screens recommended by the American Academy of Pediatrics. A detailed listing of the current defaults for both Developmental-Behavioral and Well-Child visits are listed on Page 9 and 10.

Using the Demo Site: The 5 Step Process

Step One: Invitation Code

Go to www.CHADIS.com under the "For Clinicians" tab and find the "Demo Login" box on the right of the page. Click on "I Have an Invitation Code" and you will be transferred to the "Welcome to CHADIS" page.   Enter **5551234567** in the Invitation Code box under *"New Users."* Follow the prompts to complete demographic information for a pretend parent and patient.

Step Two: Complete Questionnaires

Complete the questionnaires that were automatically assigned based on the child's age as a pretend parent then log out.

Step Three: Clinician View

Now re-enter through the Demo Login as a Clinician using the following username and password

Username: doctor
Password: 1secret2

Step Four: Create a Report

Search for your pretend patient then scroll down and click on "Create Report" to see the results. You may click on the printer icon to see a summary page of the patient's results and any information you entered as the Clinician.

Step Five: Select Resources

Search and select appropriate Resources for pretend patient from the Electronic Worksheet, the Resources tab or the Resources link on the Search for Patient screen.

CHADIS Tools

Development and Mental Health Tools

Name Description	Ages	Use	
Ages & Stages Questionnaires® (ASQ)	4 - 60 months	Routine developmental screening	Screening tool for the assessment of developmental delay.
Infant Development Inventory (IDI)	0 - 18 months	Alternative tool to ASQ. Superior for 0-9 months	Screening tool for the assessment of developmental delays in infants.
Modified Checklist for Autism -Toddler (M-CHAT) Toddler Social Development	18 - 36 months	Routine autism screener	Screening tool for the assessment of autism spectrum disorders
M-CHAT Follow Up	18 - 36 months	Use if MCHAT is positive	Prompted interview by clinician refining positive M-CHAT items and rescoring to reduce over referral
Pediatric Symptom Checklist 17-item parent version (PSC)	4 - 16 years	Routine school age screener.	Screening of internalizing, externalizing, and inattention symptoms.
Pediatric Symptom Checklist - Youth (PSC-Y)	11 - 16 years	Routine school age screener.	Self report screening of internalizing, externalizing, and inattention symptoms.
CHADIS Diagnostic and Statistical Manual - Primary Care (CHADIS DSM-PC) Parent Concerns About Child Behavior/Emotions/Development	4 - 12 years	Diagnostic tool for beh/dev visits	Comprehensive diagnostic questionnaire based on the DSM-PC.
Patient Health Questionnaire for Adolescents (PHQ-A) Questions about your feelings and behavior	13 - 18 years	Routine adolescent screen	Covers depression, anxiety, eating disorders, and substance abuse.
Kutcher Adolescent Depression Scale (KADS) Questions about sadness	13 - 20 years	Alternative depression monitoring	Teen self report measure specific to depression

Tool name seen by Parents/Respondents

Teacher Tools

Name	Ages	Use	Description
Vanderbilt-Parent Revised and Teacher Revised	6 - 18 years	Behavioral Visits	Initial checklist of ADHD symptoms and academic achievement
Vanderbilt Follow Up Parent Informant and Teacher Informant	6 - 18 years	Behavioral Visits	Tracking of ADHD symptoms over time.

Health Supervision Tools

Name	Ages	Use	Description
Questions/Concerns	0-12 years	Routine visits	Checklist of topics the parent wishes to cover during the pediatric visit.
0-3 Overall Appraisal of Functioning	0-3 years	Routine visits	Parent's rating of child's functioning across 5 major domains
Challenging Parts of Parenting	0-5 years	Routine visits	Checklist for parent to endorse most challenging parts of parenting this child.
Best Parts of Parenting	0-5 years	Routine visits	Checklist for parent to endorse best parts of parenting this child.
Adjectives to Describe Your Child	0 - 18 years	Routine visits	Checklist of adjectives to describe the child.
EPSDT Health Risk	0-5 years	Routine visits. Required for Medicaid visits 0-5	Health risks including exposure to HIV, TB, lead, low fluoride, smoker, substance abuser and contact person with low immunity.

Tool name seen by Parents/Respondents

Family/Environment Tools

Name Description	Ages	Use	
General Functioning Subscale of the McMaster Family Assessment Device (McMaster) "Family Interactions"	Parent of a child 0 -18 years	Behavioral Visits	Questionnaire assessing quality of family interaction, family members' support for one another, conflict management, etc.
Edinburgh "Parents' Emotions"	Parent of a child 0 -12 months	Routine Screen in 1st Year	Postpartum depression in parents.
Adverse Childhood Events (ACE)	Parent a child 0 - 18 years	Used in Specialty Behavioral Clinics Only	Parent adverse experiences growing up
Multidimensional Scale of Perceived Social Support (MSPSS) "Social Support"	Parent of a child 4 months - 18 years	Routine Screen	Screening tool for the assessment of an adult's social support from family, friends, and significant other.
Potential Stressors	Parent of a child 1 - 18 years	Routine Annual Screen	Checklist of potential stressors and risk factors (financial problems, marital problems, etc.), derived from the 'environmental situations' list of the DSM-PC.
Partner Violence Screen (PVS) "Partner Interactions"	Parent of a child 0 - 18 years	Routine Screen	3 item screener for domestic violence.
Family Medical History	Adult	Routine Annual Visits	Checklist of medical conditions (allergies, diabetes, depression, etc.) for which a family history exists
Patient Health Questionnaire for Adolescents (PHQ-A) Questions about your feelings and behavior	13 - 18 years	Routine adolescent screen	Covers depression, anxiety, eating disorders, and substance abuse.
Kutcher Adolescent Depression Scale (KADS) Questions about sadness	13 - 20 years	Alternative depressio	Teen self report measure specific to depression

n monitorin g

Tool name seen by Parents/Respondents

Clinical Scenarios

<u>Well Child Visits:</u> Tools listed on the previous pages as Routine would be collected before every well child visit for children in the age groups noted. This will result in data on:
- Parent priorities, perceptions, and best and hardest parts of parenting
- Anticipatory guidance and EPSDT data collection
- Developmental and autism screening for 0-5
- Behavior screening of 4 and over
- Self report on mental health and substance use for children 13 and over
- Family well-being - depression, social support and partner violence at selected visits

<u>Behavior or Development Concern Visits</u>: Tools listed on the previous pages as for mental health or behavior would be collected before behavior or development concern visits in primary care or mental health visits to a specialist for the age groups noted. The tools for Routine visits will also be beneficial for these visits. This will result in:
- Comprehensive mental health assessment and provisional diagnoses (CHADIS DSM for children 4 and over)
- Comprehensive family assessment: Use the McMaster plus the tools listed as Routine to assess family interaction, social support, parental depression, life stresses and partner violence. Use ACE for parental history of adverse events in a specialty setting.
- Teacher and Parent assessment of ADHD symptoms

<u>Adolescent Specific Visits</u>: Some primary care clinicians and all adolescent mental health professionals will want to use tools to further assess risk behaviors in addition to those marked for Routine use. This will result in data on:
- Depression symptoms for initial screening or for monitoring patients with known symptoms from the KADS

Default Auto Assignments

CHADIS automatically assigns questionnaires based on a child's age and the type of visit (Well-child or Developmental-Behavior). The current default *Auto Assignment* settings in CHADIS include all of the Developmental and Mental Health screens recommended by the American Academy of Pediatrics. However, the defaults can be tailored specifically to your practice's preferences. Also, Clinicians can assign additional questionnaires for an individual patient on a case-by-case basis.

The list on the following pages shows the default questionnaires already established in CHADIS. Please see the *How to Handbook* for instructions on how to change the default *Auto Assignments*. To set-up additional "Type of Visit" options, please contact our Customer Service representatives.

Well-child Visit Default Questionnaires

CHADIS Office Set Up

Well-child visit

Questionnaire	Min Age	Max Age
0-3 Overall Appraisal of Functioning	0 years	3 years 6 months
Questions and Concerns	0 years	12 years 6 months
Best Parts of Parenting	0 years	5 years 6 months
Challenging Parts of Parenting	0 years	5 years 6 months
Adjectives to Describe Your Child	0 years	5 years 6 months
Family Medical History	0 years	0.3 months
Family Medical History	8 months	10 months
Family Medical History	22 months	2 years 2 months
Family Medical History	2 years 10 months	18 years 11.99 months
Modified Checklist for Autism in Toddlers (M-CHAT)	16 months	20 months
Modified Checklist for Autism in Toddlers (M-CHAT)	22 months	2 years 2 months
Modified Checklist for Autism in Toddlers (M-CHAT)	2 years 3 months	2 years 7 months
Modified Checklist for Autism in Toddlers (M-CHAT)	2 years 10 months	3 years 2 months
Pediatric Symptom Checklist-17-item Parent Version	3 years 10 months	18 years 11.99 months
Pediatric Symptom Checklist - Youth Report (Y-PSC)	13 years	18 years 11.99 months
EPSDT (Health Risk)	0 years	5 years 6 months
Parents' Emotions (Edinburgh)	1 month	14 months
Partner Violence Screen (PVS)	1 month	3 months
Partner Violence Screen (PVS)	5 months	7 months
Partner Violence Screen (PVS)	22 months	2 years 2 months
Partner Violence Screen (PVS)	2 years 10 months	18 years 11.99 months
Pediatric Health Questionnaire for Adolescents (PHQ-A)	13 years	18 years 11.99 months
Ages & Stages Questionnaires®: 4 months	3 months	4.99 months
Ages & Stages Questionnaires®: 18 months	17 months	18.99 months
Ages & Stages Questionnaires®: 24 months	23 months	2 years 1.5 months
Ages & Stages Questionnaires®: 30 months	2 years 4.53 months	2 years 7.5 months
Ages & Stages Questionnaires®: 36 months	2 years 10.53 months	3 years 2.99 months
Ages & Stages Questionnaires®: 48 months	3 years 9 months	4 years 2.99 months
Infant Development Inventory: All Domains	5 months	7 months
Infant Development Inventory: All Domains	8 months	10 months
Multidimensional Scale of Perceived Social Support	3 months	5 months
Multidimensional Scale of Perceived Social Support	16 months	20 months
Multidimensional Scale of Perceived Social Support	3 years 10 months	4 years 6 months
Multidimensional Scale of Perceived Social Support	5 years 6 months	12 years 6 months
Potential Stressors	10 months	14 months
Potential Stressors	22 months	2 years 2 months
Potential Stressors	2 years 10 months	18 years 11.99 months

Developmental-Behavioral Visit Default Questionnaires

Developmental-Behavioral Visit

Questionnaire	Min Age	Max Age
0-3 Overall Appraisal of Functioning	0 years	3 years 6 months
Questions and Concerns	0 years	12 years 6 months
Best Parts of Parenting	0 years	5 years 6 months
Challenging Parts of Parenting	0 years	5 years 6 months
Adjectives to Describe Your Child	0 years	5 years 6 months
Family Medical History	0 years	21 years
Modified Checklist for Autism in Toddlers (M-CHAT)	0 years	3 years 3 months
Pediatric Symptom Checklist - Youth Report (Y-PSC)	13 years	21 years 11.99 months
EPSDT (Health Risk)	0 years	5 years 3 months
DSM-PC	4 years	12 years 11.99 months
Partner Violence Screen (PVS)	0 years	21 years 11.99 months
Pediatric Health Questionnaire for Adolescents (PHQ-A)	13 years	21 years 11.99 months
Ages & Stages Questionnaires®: 4 months	3 months	4.99 months
Ages & Stages Questionnaires®: 6 months	5 months	6.99 months
Ages & Stages Questionnaires®: 8 months	7 months	8.99 months
Ages & Stages Questionnaires®: 10 months	9 months	10.99 months
Ages & Stages Questionnaires®: 12 months	11 months	12.5 months
Ages & Stages Questionnaires®: 14 months	13.1 months	14.99 months
Ages & Stages Questionnaires®: 16 months	15 months	16.99 months
Ages & Stages Questionnaires®: 18 months	17 months	18.99 months
Ages & Stages Questionnaires®: 20 months	19 months	20.99 months
Ages & Stages Questionnaires®: 22 months	21 months	22.99 months
Ages & Stages Questionnaires®: 24 months	23 months	2 years 1.5 months
Ages & Stages Questionnaires®: 27 months	2 years 1.53 months	2 years 4.5 months
Ages & Stages Questionnaires®: 30 months	2 years 4.53 months	2 years 7.5 months
Ages & Stages Questionnaires®: 33 months	2 years 7.53 months	2 years 10.5 months
Ages & Stages Questionnaires®: 36 months	2 years 10.53 months	3 years 2.99 months
Multidimensional Scale of Perceived Social Support	0 years	18 years 11 months
McMaster Family Assessment Device, General Functioning Subscale	0 years	18 years 11 months
Potential Stressors	0 years	21 years 11.99 months
Adverse Childhood Experiences (ACE)	0 years	21 years 11.99 months
Vanderbilt Parent Revised	4 years	12 years 11.99 months
Vanderbilt Teacher Revised	4 years	12 years 11.99 months

Clinical Recommendations for Tool Usage

Billing Code 96110 & Higher Levels of Service

When visits are more complex or take more time, appropriate additional fees are charged by using higher level codes. These codes are based on face-to-face time during the visit as well as decision-making complexity and the severity of the problem.

CHADIS questionnaire results provide documentation of complexity without taking Clinician time and are always available online if charges are challenged.

Billing under Code 96110

In order to bill under Code 96110, there must be at least one validated tool assessing the child's development or emotions, it must be scored and an interpretation must be recorded in the medical record (see list below).

Additionally, one or more 96110 codes may be added to a Well-child or Consultation visit without a 25 extender. In some states, the use of more than one 96110 code per visit will be reimbursed. Please note reimbursement varies by insurance and state. Be aware that you are required to bill the patient if the insurer declines to pay, so set your office fee accordingly.

The following are the current validated tools in CHADIS for 96110 billing:

Development
- Ages and Stages Questionnaire®(all ages)
- Infant Development Inventory
- Modified Checklist for Autism- Toddler (M-CHAT)
- M-CHAT Follow Up

Behavior
- Diagnostic and Statistic Manual-Primary Care (DSM-PC)
- Kutcher Adolescent Depression Scale (KADS)
- Pediatric Symptom Checklist 17-item Parent Version (PSC)-
- Pediatric Symptom Checklist- Youth (PSC-Y)
- Patient Health Questionnaire for Adolescents (PHQ-A)
- Vanderbilt Parent (Revised or Follow Up)
- Vanderbilt Teacher (Revised or Follow Up)

NOTE: You will be notified via email when other validated tools are added.

Monitoring Quality Assurance

Your practice can view reports of questionnaire usage and results for quality assurance documentation. This is important for administrative and billing purposes, and for the Quality Improvement documentation that is required for Maintenance of Certification by the American Board of Pediatrics.

Submitting your resources to CHADIS

The CHADIS Resources Database is a comprehensive catalog of information, materials and resources organized by Clinical topic and searchable by zip code and provider name. The database is accessed automatically based on needs identified by questionnaire results or can be searched by the Clinician in the following categories:

- Health Providers
- Equipment
- Books and Videos
- Clinical Programs
- Software/CDs
- Patient Handouts (>600)

As part of your subscription, we will add resources that you supply to our database. These include your practice handouts, local resources you commonly recommend and national resources. Adding your resources allows them to be searched and printed as part of individualized handouts. Below are the types of resources you may consider for inclusion.

Resources should be sent via email attachment. They may also be mailed in either CD or paper format to: *Total Child Health Inc., 6017 Altamont Place, Baltimore MD 21210.*

Child services
- Women, Infants and Children (WIC)
- Child Protective Services
- Visiting Nurse Association
- Early intervention program
- Child Find program
- Community Mental Health Center
- Department of Education, Director of Special Education

Family Services
- Family Support Center
- Parents Anonymous
- Homeless shelter
- House of Ruth
- Disability Determination Administration
- Alcoholics Anonymous
- Drug treatment services
- Unemployment office
- Legal Aid

Services to promote strengths
- Boy's and Girl's Club
- Boy Scouts of America and Girl Scouts of the USA
- Karate centers
- Kindermusic

CHADIS Office Set Up

- Gymboree
- Society for Prevention of Cruelty to Animals
- United Way Volunteer services

CHADIS Implementation Guide Overview

Implementing CHADIS involves a three-step process, which is summarized here. The next several pages look more in depth into each aspect of the Implementation process. Again, it is beneficial that one Lead person manage the implementation to ensure optimal use and compliance throughout the practice.

Notify	Remind	View
Step 1	Step 2	Step 3
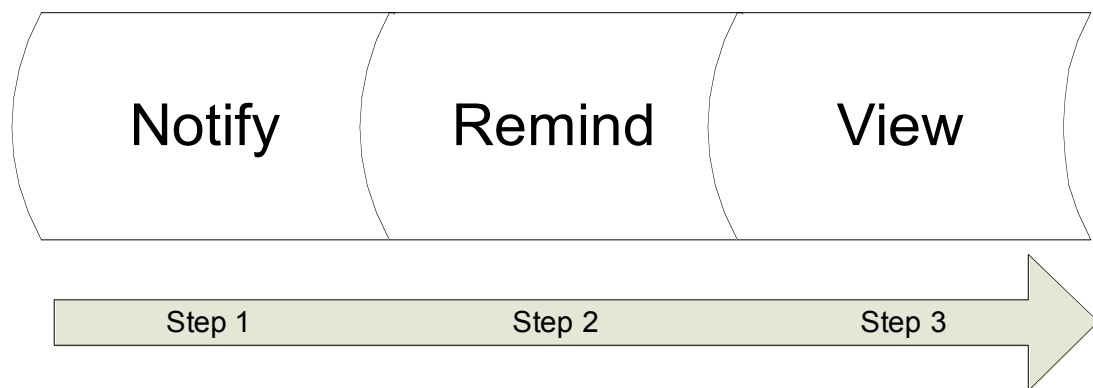
Step 1: Notify

An essential aspect of successful CHADIS implementation is notifying all your parents and other respondents about the use of CHADIS and their role in the process. There are multiple ways to notify Parents such as office handouts, traditional mail and e-mail.

Step 2: Remind

Reminding Respondents to complete their CHADIS questionnaires *prior to the office visit* is critical and needs to be done at all points of contact with the patient / families.

Step 3: View

To maximize the benefits of using CHADIS, Clinicians must view and analyze the available CHADIS reports about the patient *prior to the office visit*. These reports are based on the questionnaires completed by parents prior to the visit.

Step 1: Notifying Your Parents

Using multiple methods to inform families about your use of CHADIS will increase substantially the proportion of parents who complete pre-visit questionnaires, and is a key factor for successful implementation. Whenever possible, please reinforce the value of CHADIS by reminding parents about your use of CHADIS and thanking them for their time and effort in completing the questionnaires.

Listed below are the suggested notification methods:

1. Distributing the Registration Letter
2. Notifying by Email
3. Creating a Website Link

1.   Distributing the Registration Letter

On the following page is a copy of the standard *Registration Letter*. Print this letter on your office letterhead, inserting your Invitation Code, which is your main office phone number with no spaces, slashes, parentheses or dashes. Distribute this letter to *all* parents who come into the practice for sick and well visits.

Additionally, the practice should also send this letter through traditional mail to your parents based on the next block of scheduled visits (e.g., every 2 weeks). Completing both steps simultaneously will generate the greatest number of registered parents, which will increase the proportion of parents with pre-visit data.

We recommend mailing out the letter on a regular basis. Respondents tend to remember to fill out their questionnaires soon after they receive a mailing and frequent mailing better assures parents will have completed the requisite questionnaires prior to the visit.

If you have a system for regularly sending appointment reminders or bills to parents, attaching the Registration Letter to the bill is extremely helpful.

Registration Letter

Dear Parent,

As you may be aware, there is increased recognition within the Pediatric community that early diagnosis and treatment of health, developmental and behavioral issues in children and adolescents is extremely beneficial in successfully dealing with them. Many organizations, including the American Academy of Pediatrics, now recommend using pre-visit screening tools to assist with early identification.

Starting immediately, we will be using CHADIS, an Internet-based system through which you complete questionnaires *prior to each visit,* in order to track your child's development as well as inform us of the topics you want to discuss.

To use CHADIS, please register online **now** at www.CHADIS.com. Under the "For Families" tab, click on *New Users Register Here* in the CHADIS Login box. Please enter the "Invitation Code" below, which is our office telephone number.

Office Phone Number (Invitation Code)

Once you enter CHADIS, you will be asked to create a username and password. Your email address is the best username. Write your new username and password below and please keep this letter.

My Username	**My Password**

If you have an appointment within the next two weeks, please log back into CHADIS using the user name and password you just created. Your doctor has assigned questionnaires for that visit. Otherwise, before each visit, please log onto CHADIS and complete the prescribed questionnaires. You will receive reminders from CHADIS to fill them out.

These questionnaires are recommended by the American Academy of Pediatrics and we are glad to be a leader in providing them to you. Please note that CHADIS is a secure website and that your information will never be made available to outside organizations.

As a partner in your child's healthcare, your input is essential in helping us provide the best care possible. We are dedicated to this goal and we believe CHADIS is a great new tool for achieving this objective.

See you soon!

Practice Name

2. Notifying Parents by Email

In order to use this method, having your parents' emails is necessary. If your practice does not already collect email addresses, please begin to do so immediately. Thereafter, send the **Registration Email,** shown below, to all clients coming in for a Well-visit within the next two weeks. Emails should be sent every two weeks until all families have registered.

About the Registration Email

- In the Registration email, you can set up a link so that your practice's Invitation Code is entered automatically. You must insert your telephone number at the end of the address in the link in the space marked **"Insert Office Invitation Code Here."**
- When sending out email notifications, remember to place all parent emails in the BCC (Blind Carbon Copy) box. This makes the email list invisible to other recipients. Also place your own email address in the "to" box so that any inadvertent reply messages are not sent to other parents.
- Many practices have found it beneficial to add "Do Not Reply" to the subject line of the email.
- Prior to sending out emails to your parents, you may want to send a "test" message to your office assuring the link to CHADIS is operational.

Registration Email

Dear Parent,

As you may be aware, there is increased recognition within the Pediatric community that early diagnosis and treatment of health, developmental and behavioral issues in children and adolescents is extremely beneficial in successfully dealing with them. Many organizations, including the American Academy of Pediatrics, now recommend using pre-visit screening tools to assist with early identification.

Starting immediately, we will be using CHADIS, an Internet-based system through which you complete questionnaires *prior to each visit,* in order to track your child's development as well as inform us of the topics you want to discuss.

Please click the link below to register to use CHADIS:

https://secure.childhealthcare.org/diagnosis/respondent/welcome.do?invitationCode=Insert Office Invitation Code Here

Once you enter the site, you will be asked to create a username and password. Your email address is the best username. Write down your