MIS SUBSTANCE USE DISORDER

OUTPATIENT/OTP ENCOUNTERS AND GROUP MODULES

Live Well San Diego

County of San Diego
Behavioral Health Services
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This handout contains screen shots of confidential and proprietary information for view only. It shall not be copied or shared for anything other than its intended purpose as a training resource for the County of San Diego, Management Information System (MIS), Substance Use Disorder (SUD).
CONFIDENTIALITY

HIPAA regulations mandate that all client information be treated confidentially.

Access to SanWITS is based on your position and your functional roles. You will have the access you need to complete your job duties. This can include access to clients in your agency and other facilities. Remember – with more access comes greater responsibility regarding confidentiality!

You are not to share passwords with other staff. The Summary of Policy you signed before receiving your access to SanWITS included your agreement to this directive. You are still responsible if someone with whom you have shared your password violates confidentiality!

The County MIS SUD unit investigates any suspicions regarding sharing of passwords. Consequences are up to and may include termination.

Do not open any active client charts unless instructed to do so, or if it is required to complete your job duties. “Surfing” clients is a blatant breach of confidentiality.

Remember you are personally and legally responsible for maintaining confidentiality. Take it seriously.

Do not leave your computer unlocked with client data on the screen for others to access or view while you are away from your desk. Lock your SanWITS session before leaving your computer.

When printing, make sure you are printing to a confidential printer, and pick up your printout promptly. Leaving printed Protected Health Information (PHI) out is also a confidentiality violation.

Play it safe – keep in mind how you would want your own PHI handled!
SANWITS SOFTWARE BASICS

- San Diego Web Infrastructure for Treatment Services (SanWITS) is accessed through: https://sandiego.witsweb.org
  (Save this to your favorites or create a shortcut for your desktop)

- NAVIGATE by using a function link, hand icon, arrow key or button. The back arrow in the internet browser does not pull up the previous screen.

- FUNCTION LINKS are underlined links allowing certain actions to be completed. Function links are usually located on the section headers. A hand icon also functions as a link allowing a user to complete activities.

- SYSTEM REQUIRED FIELDS are in bright or light yellow. The bright yellow fields must be completed to save the screen and move forward. The system allows saving of the record with the light yellow fields left blank, but the activity will show the status as In Progress.

- OPTIONAL FIELDS are in white. Some white fields may be yellow fields in other pages or screens.

- SYSTEM GENERATED FIELDS are in gray. Nothing can be changed or added in these fields.

- GO is the execute button. Click Go to change agency or facility, execute a command, load data or pull up screens.

- CANCEL button returns to the previous screen without saving the data entered.

- SAVE button saves the information entered and, in certain screens, adds multiple records of data.

- FINISH returns user to the first screen of the module or Activity List.

- ARROW keys move forward or back from screen to screen.

- Contact information for questions and end user support can be found on the last page of this training manual.

Reminder:
Menu access is set up according to job roles. The menus you have at your program may look different than the menus shown in the screen shots in this packet.
VERIFY CLIENT PROFILE

Verify Profile and Intake: Search the client profile and select Activity List from Actions in Client List. From the Activity List verify the status of completed activities.

Verify Payor Group Enrollment: If the client has Medi-Cal eligibility, a benefit plan enrollment is displayed. Verify the eligibility start date and subscriber number. To verify payor group enrollment, from the Client List navigation pane:

Click Client Profile → Payor Group Enrollment.

NOTES
Program Enrollment records the client’s enrollment in a specific treatment modality. A program enrollment is required to bill to Drug Medi-Cal (DMC). The Department of Health Care Services (DHCS) has guidelines regarding allowable treatment services that can be billed to DMC.

Adding a Program Enrollment

To add a program enrollment, from the navigation pane:

Click Activity List → Program Enroll → Add Enrollment

**Start Date**: The field defaults to today’s date. Change to the admission date.
**Program Name**: Select the program from the drop down menu.
**Perinatal**: The field defaults to No for male clients. For female clients, select the gender from the drop down menu.

Click Save and Finish.
Correcting a Program Enrollment

To correct a program enrollment, from the Activity List, click Program Enroll.

Hover over the pen in the Actions column.

Click Review.

At the Program Enrollment Profile screen, enter the End Date and End Time. The end date must be the same date as the start date.

Select ‘Other’ for the Termination Reason.

Enter comments in the Notes narrative box stating the reason for the incorrect enrollment.

Click Save and Finish.

After ending the program enrollment, a new program enrollment can then be added.
### Closing a Program Enrollment

To close a program enrollment, from the Activity List, click Program Enroll, hover over the pen in the Actions column and click Review.

1. Enter the discharge date and time on the End Date and End Time fields.
2. Select the termination reason and the next step.
3. Click Save and Finish.

<table>
<thead>
<tr>
<th>Program Enrollment Profile</th>
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<tbody>
<tr>
<td>Facility</td>
</tr>
<tr>
<td>Program Name</td>
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<tr>
<td>Program Staff</td>
</tr>
<tr>
<td>PS Court Phase</td>
</tr>
<tr>
<td>Start Date</td>
</tr>
<tr>
<td>Start Time</td>
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<tr>
<td>End Date</td>
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<tr>
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</tbody>
</table>

Termination Reason

Next Step

Noted
ENCOUNTERS

Note: Encounters should be completed on a daily basis.

Encounters are the individual client services that have been delivered and documented within a treatment episode. To search or enter an encounter, from the Client List navigation pane:

Click Activity List → Encounters

Searching Encounters

The Encounter Search and Encounter List sections are for searching and viewing of previously entered encounters. The default look back date for encounters is one year from today’s date. Adjust the start date if searching for older service dates and click Go.
To view a previously entered encounter, click the pen in the Actions column and click Review.

The encounter ID and created date and time were generated by the system when the encounter was saved.
Adding an Encounter

To add an encounter from the Activity List, select Encounters and click Add Encounter.

The encounter section consists of one screen only but has many required fields.
**Note Type**: Select DMC Billable if billable to Medi-Cal. Select County Billable if billable to the County.

**Billable**: Select Yes if the service is billable to DMC and No if billable to the County.

**Start Date**: Enter the date of service in this field.

**Travel Duration**: Enter the clinician’s travel time in minutes. If there is no travel time, enter zero (0). For OTP, enter 0. OTP cannot bill for travel.

**Documentation Duration**: Enter time in minutes. For OTP, enter 0. OTP cannot bill for documentation.

**Session Duration**: This field displays for services that are duration based, such as individual counseling, case management and group services. Enter the total session time with the client.

**Total Duration**: The field shows the sum of travel, documentation and session durations as read only.
**Contact Type**: Select the correct contact type for the integrity of the service session and to prevent rejection of DMC billing.

**Important Note**:

- **No Show** is a scheduled appointment that the client missed.
- **No Contact** is when a counselor provided a service on behalf of the client but the client was not present at the time, e.g. case management.

**Medi-Cal Billable**: The Medi-Cal Billable field indicates whether the service is billable to Medi-Cal or not. This field is logically linked to the client’s DMC Payor Group Enrollment. If the Payor-Type is Medi-Cal, the Medi-Cal Billable field defaults to blank. If other than Medi-Cal or if there is no Payor Group Enrollment, the Medi-Cal Billable field in the Encounter screen is not visible.

**Was an interpreter used**: If the language used was other than English and an interpreter was used, indicate if it was an internal or external interpreter.

**In what language was the service provided?**: The language is prepopulated from the client profile screen and should be modified if the language used in the session is different.

**Which Evidence-Based Practices were used?**: Select the evidence based practices (EBP) that were used during the encounter.
Diagnoses for this Service: The diagnosis field is a read-only field and is required to release to billing. The diagnosis needs to be entered via the admissions to prepopulate on the encounter.

Rendering Staff: The Rendering Staff field is prepopulated with the user’s name and should show the name of the counselor who rendered the service. The rendering staff must have a valid National Provider Identifier (NPI)

Click Save.

For the next steps, select one of the appropriate administrative actions shown below.

Administrative Actions

- Release to Billing generates a claim to the State if DMC billable. Once a claim has been generated, the encounter cannot be opened.

- Finalize Encounter closes County billable or Non billable encounters and renders the encounters as read only.

- Reopen Encounter reopens a finalized encounter.
OTP DOSING ENCOUNTERS

Note: Encounters for OTP dosing must have a Start Date and an End Date.

The majority of OTP encounter fields are the same as the regular individual encounters and should be completed accurately. Below are specific to OTP dosing encounters.

OTP dosing can be billed in consecutive days with the same National Drug Code (NDC) number. An end date is required to bill for consecutive days and should be end dated by the close of the month.

The # of Service Units/Sessions field should reflect the number of consecutive days billed.

Complete the rest of the encounter section. Click Save and Finish.
GROUP LIST

Note: The group list must be used to create bulk encounters for individuals who attended a group session.

The Group List feature was enhanced specifically for Organized Delivery System (ODS) Outpatient Group Counseling. The Group List module also allows clinicians to easily track clients who are seen in a group setting.

To ensure that services delivered in a group session are calculated with the appropriate claim charge amount, the Group List module must be used to create encounters for individual participants of the group. To create a group profile, from the navigation pane:

Click Group List → Add

The group profile identifies the specific group within the facility. A group can be a mix of Outpatient Services (OS) and Intensive Outpatient Services (IOS). Recovery Services cannot be combined with OS and IOS groups. Recovery services clients can only be with other recovery services clients in a group.

Complete the required fields, Save and Finish.
Creating a Roster

Each group profile needs a roster. The roster is a list of agency clients with program enrollments who participate in a group session. To create a roster, click Edit Roster.

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<tbody>
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<td>Client Name</td>
<td>Program</td>
<td>Client Due</td>
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</tbody>
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To add members to the group profile roster, click Add Member.

Each member on the roster has a status of active, pending or inactive. The roster also captures when the client was added or removed. The status must be active, and the status effective date must be on or after the client’s program enrollment.

Complete the required fields and click Save.

Repeat the same steps for each additional member until all members have been added to the group profile’s roster and click Finish.
Updating Client Status

To update a client’s status in a group profile, click Edit Roster. In the Actions column, hover over the pen next to the client’s name and select Review.

Select the appropriate status and enter the status effective date and the reason.

Click Save and Finish.
Searching a Group Profile

To search and use an existing group profile, from the navigation pane click Group List. In the Group Profile Search section, search by type or lead staff and click Go.

The Group Profile List displays the existing group profile. Click the pen in the Actions column and click Review.

The group profile is used to create billing for group sessions.
Creating Group Session Notes

Group session billing should always be done via the group module. Group Session Notes are created every time the group meets, and the group profile is used to prepopulate the group name, group type, start time and the roster of clients.

To open the Group Session Notes, under the Administrative Actions select Create Group Session.

- **Administrative Actions**
  - Create Group Session
  - Print Sign-In Sheet

The Group Session Notes have several required fields that prepopulate to the bulk encounters. Complete the fields and click Save.

**Note Type**: Select DMC Billable if one (1) of the clients is Medi-Cal eligible.

**Start Date**: Enter the date of the group session.

**Billable**: Select Yes.

**Start Time** and **End Time**: Enter the group’s scheduled start time and end time. When a client is late or left the group session early, the actual time will be reflected on the client’s individual encounter.

**Calculate ODS units**: Select Yes. When the individual encounters are created, the claim charge is calculated according to the ODS requirements.

**Travel Duration**: Enter the clinician’s travel time, if applicable. Enter 0 if there is no travel time. OTP cannot bill for travel time.

**Session Duration**: Enter the group session duration in minutes.

**Lead Staff**: The lead staff is the counselor who led the group.

**Location**: Select the appropriate facility.

**Service**: For Outpatient and OTP, select *Group ODS.
  For Recovery Services Program, select *Recovery Service Group.
**Note:** Enter the group type or name. The field is not required to save the Group Session Notes but is required to create bulk encounters.

Click Save and perform the next step which is create bulk encounters.
Creating Bulk Encounters

After saving the group session notes, the next step is to create bulk encounters. Bulk encounters are created for all clients who attended a group session, but the clients need to be marked as present for the session. To create bulk encounters:

1. Place a check mark next to the client’s name
2. Select Mark as Present from the drop down menu
3. Click Perform Action

The Status field is updated for the clients who were marked present.

To continue with the bulk encounters, place a check mark again on the clients who were marked present, select Create Encounter from the drop down menu, and Perform Action.
Above the Group Session Notes, a message that encounter notes are being created displays. Below the Administrative Actions, click Refresh. Keep clicking Refresh until the link goes away.

When the encounters are created, the Encounter column populates with the View link for each client marked as present. The encounters must be viewed in order to complete the clients' individual encounters. Click View to continue.

**Viewing Individual Encounters from Bulk Encounters**

Review and modify each individual encounter for accuracy.

The system generates a group session ID for the whole group and an Enc ID for each individualized encounter. The Group Session ID field is used during the billing process.

**Note Type:** This field is prepopulated from the group session notes and should be individualized. If client has Medi-Cal eligibility, select DMC billable.
**Billable**: For Outpatient services, if the note type is County billable, select No.

![Billable dropdown]

**Medi-Cal Billable**: For Outpatient services, if the note type is County billable, the Medi-Cal Eligible field should be No. For OTP, the Medi-Cal Billable field does not display if there is no DMC. OTP only has DMC.

![Medi-Cal Billable dropdown]

**Travel Duration**: This field is prepopulated from the Group Session Notes as read only.

**Documentation Duration**: This field is prepopulated with 0 and should be modified for each individual client.

**Session Duration**: This field is prepopulated from the Group Session Notes and should be modified if the client came in late or left early.

**Total Duration**: The field shows the sum of travel, documentation and session durations as read only.

![Group Session Travel Duration and Session Duration]

**Which Evidence-Based Practices were used?**: The EBP defaults to None and should be modified to the correct EBP.

![Evidence-Based Practices dropdown]

After completing and reviewing the individual encounter, click Save and Finish.

Repeat the same steps for all individual encounters included in the bulk encounters.
**ADDING A NEW CLIENT TO AN EXISTING GROUP LIST**

A new client may be added to an existing group profile. To add a new client to an existing group profile, search the group profile from the Group List.

The Group Profile List screen displays the searched group profile. In the Actions column, hover over pen and click Group Roster.

In the Roster screen, click Add Member.
Select the client's name and program. The status should be active, and the status effective date would be the date the client is joining the group. Click Save and Finish.

Click Finish.

The encounter for the new member who joined the group session should be added via the group module. Do not manually create an individual encounter. To create an encounter for the new client:

Group List → Actions → Session List → Actions → Review → Add Attendee
At the Group Session List, hover over the pen in Actions and click Review.

Click Add Attendee to add the new client.

In the Individual Notes screen, select the client’s name and click Finish.

The Attendees screen displays the client’s name in the Client Name column and the Create link in the Encounter column. Place a check mark on the box next to the client’s name. Select Mark as Present and Perform Action.
Place a check mark again on the box next to the client’s name. Select Create Encounter and Perform Action.

Click Refresh until the link no longer displays and the View link displays in the Encounter.

The View link indicates an encounter has been created for the added attendee. Click View to review the encounter.

Review and update the note type, documentation, start/end times, EBP and rendering staff.
**DISCHARGE**

*Note: A program enrollment must be ended first before completing a client discharge.*

After the program enrollment is closed and all client activities have been completed, discharge the client in SanWITS. To complete a discharge:

Click Activity List → Discharge

The majority of the screens are the same as the admission and annual update screens.
Complete the Discharge Profile screen and click the arrow key.

Complete the other screens and click Save.

After the last screen is saved, the message that says, “Client is discharged. Do you want to close this case also?” displays. Select No.

NOTEs
ENCOUNTER DATA REPORT

The report listed below may be utilized for monitoring client encounters that have been entered. Only designated staff in each program will have access to the report that they are authorized to use.

1. Click on “Reports” from the Navigation Pane
2. Click “Encounter Data”, from Miscellaneous
3. Enter Encounter Start Date “From” and “To”
4. Select “On Screen” to view the information on screen
5. Select “Export” to view on an Excel spreadsheet
GLOSSARY

<table>
<thead>
<tr>
<th>Abbreviation</th>
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<tr>
<td>ASAM</td>
<td>American Society of Addiction Medicine</td>
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<tr>
<td>BHS</td>
<td>Behavioral Health Services</td>
</tr>
<tr>
<td>CalOMS</td>
<td>California Outcomes Measurement System</td>
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<tr>
<td>DHCS</td>
<td>Department of Health Care Services</td>
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<tr>
<td>DMC</td>
<td>Drug Medi-Cal</td>
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<tr>
<td>EBP</td>
<td>Evidence Based Practices</td>
</tr>
<tr>
<td>FSN</td>
<td>Form Serial Number</td>
</tr>
<tr>
<td>HHSA</td>
<td>Health and Human Services Agency</td>
</tr>
<tr>
<td>IOS</td>
<td>Intensive Outpatient Services</td>
</tr>
<tr>
<td>MAT</td>
<td>Medication Assisted Treatment</td>
</tr>
<tr>
<td>ODS</td>
<td>Organized Delivery System</td>
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<tr>
<td>OS</td>
<td>Outpatient Services</td>
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<td>OTP</td>
<td>Opioid Treatment Program</td>
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<td>SanWITS</td>
<td>San Diego Web Infrastructure for Treatment Services</td>
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<td>SUD</td>
<td>Substance Use Disorder</td>
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<tr>
<td>TX</td>
<td>Treatment</td>
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<tr>
<td>UCN</td>
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CONTACT INFORMATION

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Fax: 1-855-975-4724

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General Billing and Training on Billing
ADSBillingUnit.HHSA@sdcounty.ca.gov

SanWITS Training Registration
www.regpacks.com/DMC-ODS
1-800-834-3792 x3

Online User Manuals and Forms
www.optumsandiego.com
1-800-834-3792

Please consult with your facility manager and your resource packets prior to contacting the Support Desk.