MIS SUBSTANCE USE DISORDER

RESIDENTIAL ENCOUNTERS AND BED MANAGEMENT

County of San Diego
Behavioral Health Services
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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 for your client and select Activity List from Actions. From the Client Activity List you will be able to verify the status of completed Actions.

Verify Payor Group Enrollment: Note: if the client does not have Medi-Cal, then only the Government Contract Enrollment is listed. If the client has Medi-Cal, then both enrollments are listed.

Click Client List → Client Profile → Payor Group Enrollment.

NOTES
AUTHORIZATION

An authorization is required for residential stays. The request(s) are faxed to Optum and an approval must be received before the client can be enrolled to the program. After submitting the 15 day Initial Level of Care request, Optum will reply within 24 hours. The authorization may be approved, denied or have a different level of care approved.

On the 10th day after the Initial Authorization was approved, submit the second request for 75 days of continued services. Optum will reply within 5 business days.

<table>
<thead>
<tr>
<th>Request</th>
<th>Days Requesting</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Request</td>
<td>15</td>
<td>within 24</td>
</tr>
<tr>
<td>Subsequent Request</td>
<td>75</td>
<td>5 business days</td>
</tr>
</tbody>
</table>

Prior to adding the authorization into SanWITS, ensure the client has a completed Client Profile, Intake and Payor Group Enrollment.

Adding an Authorization: From the Client List, click on Authorization, then click Add New Authorization Record.
When selecting the Group Enrollment, some of the field's auto populate, gray out, or remain system required.

**Government Enrollment**: If the client has Medi-Cal, select DMC Billable. If the client does not have Medi-Cal select County Billable.

**Plan**: Populates with ODS Residential.

**Authorization #**: It is grayed out. When saved, the system will assign a unique number.

**Effective Date**: Pre-populates with today’s date. This can be changed if necessary.

**End Date**: The amount of days approved on the authorization.

**Status**: Pre-populate to Active. When saved, it will change to provisional.

Click Save.

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**NOTES**
**ADD SERVICE:** A service must be added to each authorization entered.

Click Add Service.

**Service:** Select the Level Of Care for the Service.

**Authorization #:** Pre-populates with the number assigned to the authorization.

**# Authorized Units:** The number of days for which the client was approved.

Save and Finish.

**Authorization List:** Your service requests appear in the Authorization List. It remains in Provisional Status until it has been approved. You have the ability to make changes to the dates if needed; however, once it has been approved, the Status changes to Active, and edits are unavailable.
Authorization Dashboard: To view any authorization status, enter your search parameters into the Authorization Dashboard Search. To sort the information, click on the subject header. You are also able to export the results onto an Excel spreadsheet.

An Auth End Date in red font indicates the authorization has expired.
BED AVAILABILITY

The Residential Unit Management was implemented to assist in managing the residential beds. It is used to ensure that there are sufficient residential beds available for clients. You are able to obtain information on historical and current bed availability.

In order to enroll a client into the program, there must be an available bed.

Verifying Bed Availability: From the navigation pane, click Residential Unit Mgmt → Current Bed Management. Select your Inpatient Unit from the drop down menu → click Go.

Your results populate in the Current Bed Management List. It is a quick view to see all available rooms and beds based on your search criteria.

Clients that have not yet been discharged occupy a bed. It is best to discharge the clients first in order to have an accurate count on available beds.
PROGRAM ENROLLMENT

Program Enrollment records the client’s enrollment in a specific treatment modality. It 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. Program enrollment is only required for BHS Contracted clients.

From Client List → click Actions for your selected client → Activity List.

Click Add Enrollment.

From the Activity List drop down menu in the navigation pane, click on Program Enroll.
Program Enrollment Profile
**Program Name:** Select the program from the drop down menu.

**Program Staff:** Defaults to the staff who is entering the data.

**Perinatal:** If the client is male, this field will be read-only and default to No. If the client is female, the field is available for selection from the drop down menu.

**Start Date:** Defaults to today’s date. Review it and change if needed. The date is the admission date if the program enrollment is the first Level Of Care (LOC) program when a client is admitted. If the client changes from one residential LOC to another within the facility, the start date reflects the date the client changes.

Save and Finish.

Bed Assignment: When selecting Finish for the Program Enrollment, the Bed Assignment window opens immediately to assign the client to a bed.

Enter the Inpatient Unit and click Go to view the available bed vacancies.

It is recommended to click the hyperlink under the Room # to assign the client to a bed. This allows you to view the room and the other occupants within the room as well as any general comments.
**Bed Assignment through Room #:** The Room Details window opens and provides a full view of all clients assigned to a bed in that Unit. You are also able to view General Comments.

Bed # is located on the top left.

Assign the client to a bed by clicking Assign Bed.

**Bed # Details:** In the Bed Details window, enter the Expected Date of Discharge. Client Characteristic and General Comments can be added here.

Save → Finish.
Confirming Selection
To confirm your selection of the Bed # and room you are assigning the client to, select Yes.

You are about to assign Client XXX, XXX to Bed # 1 F, Room # Female Room. Are you sure?

Yes  No

Bed Assignment through Actions: You can also select the Actions button to automatically Assign the bed. However, this method should only be used if you are already aware of the room details, such as upper and lower bunks, other occupants and general comments.

Click on Actions for the bed you are assigning the client. The bed details open. Enter the Expected Date of Discharge → Save → Close.

<table>
<thead>
<tr>
<th>Bed Assignment</th>
</tr>
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<tbody>
<tr>
<td>Actions</td>
</tr>
<tr>
<td>----------</td>
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<td></td>
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</tbody>
</table>

Transferring a client: There may be times when a client needs to be moved within the unit. For a full view of the unit vacancies and occupants follow the below steps.

Go to Residential Unit Mgmt → Current Bed Management → enter the Inpatient Unit → Click Go.

For the client you need to transfer, click the Actions Icon → Move.
**Bed Re-Assignment:** The Bed Re-Assignment window appears. Two options are available for re-assigning a client to a bed. The client can be moved to a Vacant bed, or can be swapped with an Occupied bed.

**Re-Assigning to a Vacant bed.**

Actions Icon → Assign.

**Bed Assignment Date:** The date pre-populates with today’s date. Verify the date and make changes if needed.

**Time:** The time also pre-populates. Change as needed.

Save and confirm the transfer.
Re-Assigning to an Occupied bed.
Actions Icon ➔ Swap.

**Bed Assignment Date**: Select the date that you are swapping beds between clients.
**Bed Assignment Time**: Enter the time.
Confirm your selection.

**Placing Client on Leave**: A client may be on Leave for anywhere between 24 hours and 7 days. On the 8th day, client must be discharged if they have not returned.

Residential Unit Dashboard ➔ enter the Inpatient Unit ➔ click Go.

From the Inpatient Unit Dashboard Details, click the Actions Icon ➔ Add Leave.
Leave Type: Select the type of leave from the drop down menu.
Hold Client’s bed?: Select whether to hold the bed or not. Selecting No will show as vacant and allows the bed to be re-assigned.
Leave Start Date: Enter the date the client begins the leave.
Leave Start Time: Enter the time the client’s leave begins.
Expected Return Date and Time: Though these are not system required, the recommendation is to enter this information for program tracking purposes.

Save ➔ Finish.

Client Leave List for Program Enrollment: The leave appears in the Client Leave List for Program Enrollment window. This also show’s the client’s leave history. Click Finish again to return to the Residential Unit Dashboard.

Leave Status: If the client is on leave, you are be able to verify status. If the client fails to return on the expected return date and time, the Leave Status field for the client is red.
**Client Leave Ends:** When client returns, click on the Leave Status hyperlink for the client and enter the Leave End Date and Leave End Time.

Save → Finish → Finish again.

**NOTES**
Ending Program Enrollment due to a change in Level of Care

When the client has a change in LOC program within the same facility, the user will end the current Program Enrollment.

End Date and End Time: Enter the date and time the client is being transferred.
Termination Reason: Select the appropriate reason for termination.
Next Step: If changing LOC program for the client within the same facility, there are two options available: keep the client in the same bed, or transfer to a different bed.

Assign the client to a different bed: When selecting the option to assign the client to a different bed, the Program Enrollment window re-opens to enroll the client to the program. The Start Date autopopulates in gray with the same date that was previously entered as the End Date. The Start Time also auto-populates in gray with one minute added to the previously entered End Time. The Bed Assignment Screen immediately follows to assign the client a different bed.

Keep the client in current bed: When selecting the option to keep the client in the current bed, the Program Enrollment window re-opens to enroll the client to the program. The Start Date autopopulates in gray with the same date that was previously entered as the End Date. The Start Time also auto-populates in gray with one minute added to the previously entered End Time.
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.

Enter the discharge date and time on the End Date and End Time fields.

Select the termination reason and the next step.

Click Save and Finish.
CREATING THE CENSUS

The Residential Unit Census creates bulk encounters for all selected clients that currently occupy a bed. The Census must be completed daily for the previous day.

**Entering daily census:** Click on Residential Unit Mgmt → Residential Unit Census → enter the Inpatient Unit → click Go.

Click Add New Daily Census.

Select the Inpatient Unit from the drop down menu, enter the Date and click Go.

NOTES
**Create New Census:** The Residential Unit Census list all the clients with open bed assignments within the Inpatient Unit. Select all clients that were present and click Create New Census. Placing a check mark in the top box selects all clients.

Client with open leave records need to be ended to be included in the census.

**Reviewing the Census:** The Inpatient Unit Census List shows the Unit that was selected, the date of the Census, and the staff who created it. You may review the Census by clicking on the Actions Icon, then click Review.

The Census creates an encounter for each person you selected.
ENCOUNTERS

Residential Bed Day Encounters are created in bulk through the Census for each client selected. The Encounter needs to be accessed and modified if corrections are necessary.

From Residential Unit Dashboard → select Inpatient Unit → click Go.

Actions Icon → click on Notes for the selected client. (Notes refers to Encounters).

From Notes List → click Actions Icon → click Review.

NOTES
Reviewing the Encounter: Review entire Encounter for accuracy.

Note Type: Change to either DMC or County Billable. If the client has Medi-Cal, select County Billable, if the client does not have Medi-Cal select County Billable.

ENC ID: Notes created by the Census have a Census ID.

Program Name: Pre-populates to the Facility you are logged in to.

Service: Pre-populates to the Level Of Care.

Billable: Always select Yes.

Medi-Cal Billable: Remains No for Residential Bed Days, it is verified through Contract management.

Pregnant/Postpartum: This field is available for female clients and grayed out for male clients.

Language used for the service provided: Verify and make changes if needed.

Evidence Based Practice: Leave as None.

Diagnosis for this Service: Pre-populates with existing Primary Diagnosis

Rendering Staff: The field pre-populates with the name of the staff who created the Census. The staff must have a valid National Provider Identifier (NPI) number.

Release To Billing: Release to Billing generates a claim to the State if DMC billable.

Save → Finish.
**Individual Case Management Encounter:** If the client receives Case Management services, an Individual Encounter is entered. All fields need to be completed since this was not created from the Census.

Client List → click Actions Icon → Activity List → Encounters.

Click Add Encounter.

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**NOTES**
Completing the Case Management Encounter: You must complete all system required fields. For specific questions regarding any entries, refer them to your program.

**Note Type:** Should be changed to either DMC or County Billable. If the client has Medi-Cal select County Billable, if the client does not have Medi-Cal select County Billable.  
**Service:** Select Case Management from the drop down menu.  
**Billable:** Select Yes if the service is Billable.  
**Start Date:** Enter the starte date.  
**Travel Duration:** Enter your travel duration in minutes, if none enter 0.  
**Documentation Duration:** Enter your documentation duration in minutes.  
**Session Duration:** Enter the session duration in minutes.  
**Total Duration:** Auto calculates.  
**Contact Type:** Select contact type from the drop down menu.  
**Visit Type:** CM- Case Management.  
**Medi-Cal Billable:** This field is marked as No if the client does not have Medi-Cal. Select Yes if the client has Medi-Cal.  
**Pregnant/Postpartum:** This field is available for female clients and grayed out for male.  
**Interpreter Used:** Select from the drop down options.  
**Language used for the service provided:** Select language.  
**Evidence Based Practice:** Select from the Evidence Based Practices by double clicking.  
**Diagnosis for this Service:** Pre-populates with existing Primary Diagnosis.  
**Rendering Staff:** The field pre-populates with the name of the staff who created the Census. The Rendering Staff must have a valid NPI.  
**Release To Billing:** Release to Billing generates a claim to the State if DMC billable. Once a claim has been generated, the encounter cannot be opened.

Save → Finish.
<table>
<thead>
<tr>
<th>Evidence-Based Practices</th>
<th>Used Evidence-Based Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Relapse Prevention</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

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>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASAM</td>
<td>American Society of Addiction Medicine</td>
</tr>
<tr>
<td>BHS</td>
<td>Behavioral Health Services</td>
</tr>
<tr>
<td>CalOMS</td>
<td>California Outcomes Measurement System</td>
</tr>
<tr>
<td>DHCS</td>
<td>Department of Health Care Services</td>
</tr>
<tr>
<td>DMC</td>
<td>Drug Medi-Cal</td>
</tr>
<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>ODS</td>
<td>Organized Delivery System</td>
</tr>
<tr>
<td>OTP</td>
<td>Opioid Treatment Program</td>
</tr>
<tr>
<td>SanWITS</td>
<td>San Diego Web Infrastructure for Treatment Services</td>
</tr>
<tr>
<td>SUD</td>
<td>Substance Use Disorder</td>
</tr>
<tr>
<td>TX</td>
<td>Treatment</td>
</tr>
<tr>
<td>UCN</td>
<td>Unique Client Number</td>
</tr>
</tbody>
</table>
CONTACT INFORMATION

CalOMS, SanWITS, End User Support
SUD_MIS_Support.HHSA@sdcounty.ca.gov
Phone: 619-584-5040
Fax: 1-855-975-4724

Clinical Processes and Documentation
QIMatters.HHSA@sdcounty.ca.gov

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.