

SUBSTANCE USE DISORDER MIS

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, Substance Use Disorder (SUD), Management Information System (MIS).



CONFIDENTIALITY

Title 42 CFR Part 2 imposes strict privacy and confidentiality protection of all Substance Use Disorder (SUD) client information.

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 <u>not</u> to share passwords with other staff. The Summary of Policies 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 SUD MIS unit investigates any suspicions regarding sharing of passwords. Consequences are up to and may include termination.

Do not open any client record 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 privacy and confidentiality of SUD client records. 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.

Safe and Secure – 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.
- o NAVIGATE by using a function link, hand icon, pen, 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.
- o 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 (unfinished).
- 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 returns to the previous screen without saving the data entered.
- SAVE saves the information entered and, in certain screens, adds multiple records of data.
- o **FINISH** returns the user to the first screen of the module or Activity List.
- ARROW keys or buttons 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 credentials (roles). The menus you have at your program may look different than the menus shown in the screen shots in this packet.



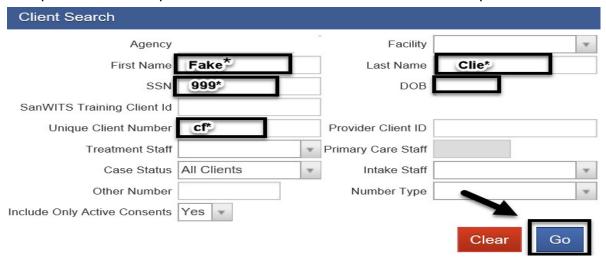
VERIFYING CLIENT PROFILE

Client Profile: Search the client profile to verify the accuracy of information. From the navigation pane:

Click Client List.



Complete the search parameters and click **GO** to search the client profile.



If a match is identified, the Client List will populate with the matching results. To open an existing client profile:

Hover over the pen under the Actions column. To review the completed activities, click **Activity List**.





Verify the status of completed activities from the Activity List.



Payor Group Enrollment: To verify the client's payor group enrollment, follow the steps above on how to search for a client profile. From the Client List, click **Profile.**



Click Payor Group Enrollment.



At the Payor List screen, verify the accuracy of the plan, group and start date.





PROGRAM ENROLLMENT

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

Adding a Program Enrollment: To add a program enrollment, from the navigation pane:

Click Activity List → Program Enroll



The Program Enrollment screen displays the program enrollments for one year from current date. To search for enrollments, complete the parameters, and click **GO**.



To add a new program enrollment, click Add Enrollment.





The Program Enrollment screen has several required fields that should be completed.

Facility: This field is pre-populated from the Facility entered at Intake screen

Start Date: Enter the date the client is admitted to the facility.

Program Name: For Outpatient Programs, select ODS-OS or ODS-IOS.

For OTP, select ODS-OTP.

If the Program Name field is blank, the Start Time field is hidden. After selecting a program name, the Start Time field is activated and becomes required.

Program Staff: The field prepopulated with the name of the staff who is logged in. Change the program staff name, if necessary.

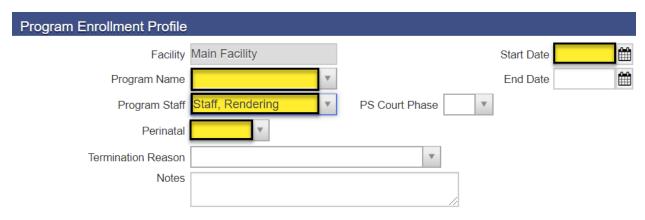
Perinatal: The perinatal field in the Program Enrollment screen will show based on the facility certification to provide perinatal services.

If client is male, the perinatal field will be hidden.

If the facility is not perinatal certified, the field is hidden.

If the facility <u>is perinatal certified</u> <u>and</u> the client is <u>female</u>, the field becomes active and is required to be completed. The perinatal program enrollment dates must be within the facility's perinatal certification period.

If the facility <u>is perinatal</u> certified <u>and</u> the client <u>is pregnant/post-partum</u>, select <u>Yes</u>. If the facility <u>is perinatal</u> certified <u>but</u> the client <u>is not pregnant/post-partum</u>, select <u>No</u>.



Click Save and Finish







Notes: 1) Open a program enrollment for **Recovery Services** if the facility provides recovery services. 2) Close the program enrollment and open a new episode when **changing level of care** to ensure accuracy of client records and for billing purposes.

Non-BHS Contracted Clients

All Non-BHS contracted clients should have a program enrollment, but <u>NO</u> encounters should be created in SanWITS. This program enrollment for a Non BHS Contracted client is used for monitoring purposes.

The steps to open a program enrollment for Non-BHS Contracted clients are the same. The only difference is the program name.

Program Name: Select Non BHS Contracted Client.



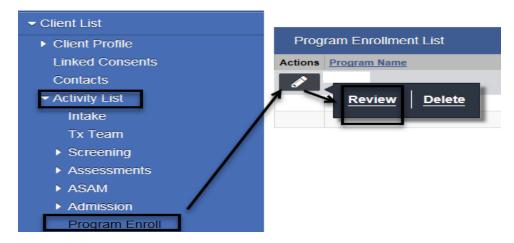


ENDING PROGRAM ENROLLMENT

After the client completes the treatment, the client should be discharged, and the program enrollment ended.

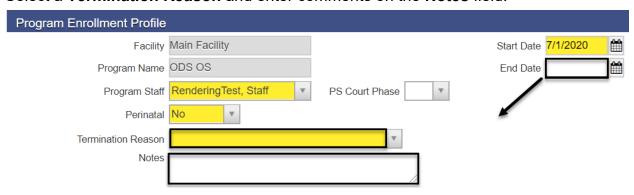
To close a program enrollment from the navigation pane:

Click Activity List, then click **Program Enroll**. Hover over the pen in Actions and click **Review**.



Enter the date of discharge on the End Date field.

Select a Termination Reason and enter comments on the Notes field.



Click Save and Finish.





Changing Level of Care (LOC)

Whenever the level of care (LOC) changes from OS to IOS or vice versa, from OTP courtesy dosing to regular OTP, close the program enrollment and the treatment episode first.

After closing the case, open a new episode for the new LOC. Open a program enrollment for the **new LOC** under the **new episode**. To open a new treatment episode, refer to the Intake and Episode Section of the Intro to Admin Functions Training Manual.

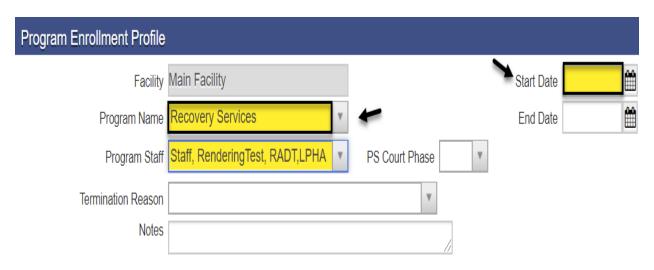
Recovery Services

If a client who has completed treatment is discharged and then receives recovery services, open a program enrollment for **recovery services** within the **same episode**.

The steps to open a program enrollment for Recovery Services are the same. The only differences are:

Start Date: Enter the date the client started receiving recovery services.

Program Name: Select Recovery Services.



Click Save and Finish.





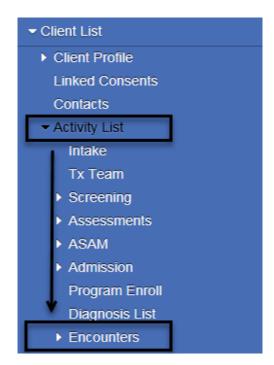
ENCOUNTERS



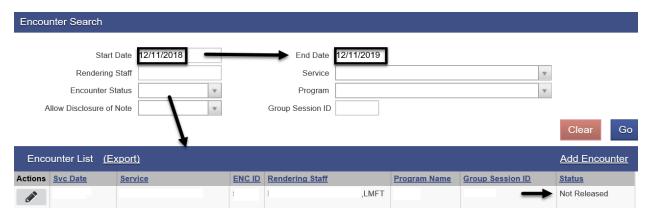
Notes: 1) Although you have 7 days to enter encounters, the recommendation is to enter encounters daily. 2) Do <u>not</u> enter encounters for Non-BHS Contracted Clients.

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

Click Activity List → Encounters



The Encounter Search and Encounter List sections are for searching and viewing of previously entered encounters. The system displays recent encounters up to one year.





Searching for a Previously Entered Encounter

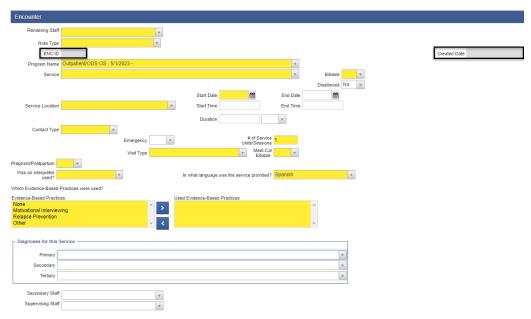
Even though the default Start Date is one year from current date, a staff can view older service dates. To search for an encounter, adjust the start date and click **GO**.



To view a previously entered encounter, hover over the pen in the Actions column and click **Review**.



The encounter ID and Created Date and Time is generated by the system when the encounter is saved.





Adding an Encounter

Enter encounters on a timely manner. Whenever possible, enter these daily. To add an encounter from the navigation pane under the Activity List, click **Encounters**.



At the Encounters window, click Add Encounter.



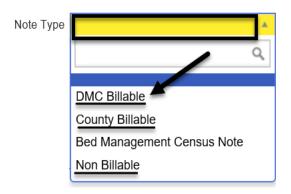
The encounter section consists of one screen only but has several required fields. Complete the encounter screen starting from the top.

Rendering Staff: This field is required. Select the appropriate staff who rendered the service. The rendering staff must have a valid National Provider Identifier (NPI). The selection of the Rendering Staff influences what values are available in the Service field.



Note Type: Select **DMC Billable** if billable to Medi-Cal. Select **County Billable** if billable to the County. **Non Billable** should be used only for disallowed services and no show.





Service: The service drop down will be filtered by the allowable services for the rendering staff's discipline. Select the appropriate billable service.

Billable: Select **Yes** if billable to DMC or the County in order to release to billing. Select No for Non Billable services.



Disallowed: Defaults to No. This can be changed to Yes if the service is Disallowed. If a service should be billed enter No.

Disallowance Reason: If the Disallowed field is Yes the Disallowance Reason will be prompted and a reason must be selected.

There are different scenarios for Disallowed Services.

Option 1 - Encounter has not been released

Edit Encounter:

- 1) Note Type = Non-Billable
- 2) Billable = No
- 3) Disallowed = Yes
- Disallowance Reason = Select appropriate reason from drop down menu
- 5) Medi-Cal Billable = No
- 6) Finalize Encounter

Option 2 - Encounter has been released, but not batched

Reject Claim and Edit Encounter:



- 1) In the Claim Item List, select 'Reject (Back Out)'
- 2) All encounter fields become editable
- 3) Follow steps in Option 1

Option 3 - Encounter has been released, batched, and submitted to the clearing house, but not billed

Contact Billing Unit and Edit Encounter:

- 1) Contact the Billing Unit for assistance with backing out the disallowed claim.
 - a. Billing Unit will reject the batch.
- Encounter will be read only except for two fields: 'Disallowed' and 'Disallowance Reason'
- 3) Edit the two fields:
 - a. Disallowed = Yes
 - b. Disallowance Reason = Select appropriate reason from drop down menu

Option 4 - Encounter has been released, batched, and billed

Complete Payment Recovery Process and Edit Encounter:

- 1) Follow the steps to complete the Payment Recovery Process, as noted in the Billing Manual
- Encounter will be read only except for two fields: 'Disallowed' and 'Disallowance Reason'
- 3) Edit the two fields:
 - a. Disallowed = Yes
 - b. Disallowance Reason = Select appropriate reason from drop down menu

Start Date: The Start Date is required. By entering the start date, this will auto-populate the active primary diagnosis on the Diagnosis field. By entering the date, this will also dictate the services available in the service dropdown field.



End Date: End Date is optional.





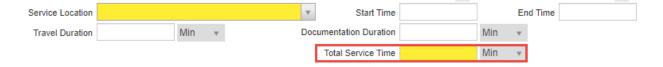
Service Location: Select from the options based on the type of facility or location of service. The service location dropdown will be filtered by the locations allowed for the service selected. If Telehealth is selected as the service location, Telehealth should also be selected as the contact type.

Whenever a duration-based service is selected under the service dropdown the Documentation Duration and Travel Duration fields are optional.

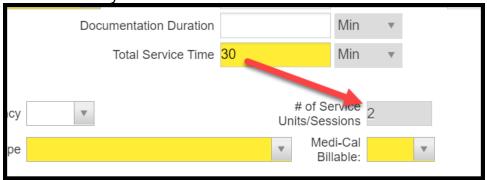
Travel Duration: Enter the clinician's travel time in minutes. If there is no travel time, enter zero (0). This field is optional. Should not be included in the total service time. **For OTP, enter 0. OTP cannot bill for travel.**

Documentation Duration: This field is optional and prepopulated with **0**. Program should modify this field for each individual client. Should not be included in the total service time. *For OTP*, *enter 0*. *OTP cannot bill for documentation*.

Total Service Time: This field is required and should be entered manually reflecting the direct service time with the client. This field should reflect the exact direct/session time with the client. Travel and/or documentation time should not be included in the total service time.



For <u>duration-based</u> services, the # of service units/sessions field is calculated based upon what is entered in the Total Service Time field relative to the number of increments per unit and is auto populated. For <u>unit-based</u> services, the # of service units/ sessions field is read only and defaults to value "1".





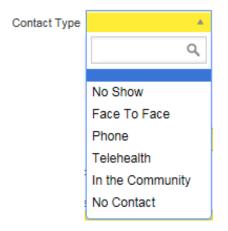
Contact Type: Select the correct contact type for the integrity of the service session and to prevent rejection of billing



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.

Telehealth is when a non-public facing remote communication application was used to provide service to the client. Telehealth and telephonic (phone) are not the same. Telehealth means simultaneous video and audio contact



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 Payor Group Enrollment. If DMC billable, select **Yes**. If County billable, the field defaults to **No**, which is accurate. If Non Billable, select **No**.



Pregnant/Postpartum: If the field is active, select Yes or No.

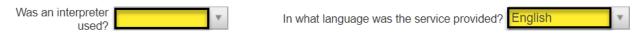
If the client is <u>male</u>, the Pregnant/Postpartum field is hidden. If the client is <u>female</u>, the facility <u>is perinatal</u> certified, and <u>yes</u> was selected in the perinatal indicator of the program enrollment, the field defaults to Yes and is read only. If the client is <u>female</u> and the facility <u>is not perinatal</u> certified, the Pregnant/Postpartum field becomes required.



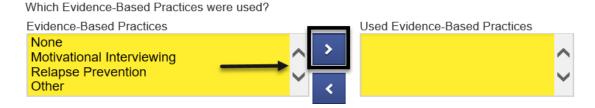
Was an interpreter used: If the language used was other than English and an interpreter was used, indicate if it was an internal or external interpreter.



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. To select, single click on the EBP used, then click the blue right arrow. Double clicking on the selected EBP will also populate the EBP on the right column. At least one Evidence Based Practice should be selected.



Diagnoses for this Service: The diagnosis field is editable and is required to release to billing. The active Primary Diagnosis will auto-populate when start date is entered. Field will remain editable. The choices will populate from any currently active diagnoses that have been entered via the Diagnosis List. Effective February 1, 2020, a diagnosis with DSM-5 Descriptor should be used.



Click Save.





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

Administrative Actions



Release to Billing generates a claim. Once a claim has been generated, the encounter fields are grayed out and cannot be edited.

Finalize Encounter closes a Non Billable encounter and renders the encounter as read only.

Reopen Encounter reopens a finalized encounter.

Click Finish.





OTP DOSING ENCOUNTERS



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

Most of the OTP encounter fields are the same fields as those on regular individual encounters and should be completed accurately.

Below fields are specific to OTP dosing encounters.

OTP dosing can be billed in consecutive days for **Methadone only**. An end date is required to bill for consecutive days and should be end dated by end of the month. The system does not allow an end date to cross over the client's 21st birthday.



Duration: The duration field displays only on OTP dosing services and is not a required field. **Do** <u>not</u> enter duration.



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



MAT Brand OTP and MAT Generic OTP services must be billed on a <u>daily</u> basis. The National Drug Code (NDC) and Drug Quantity fields are required for MAT brand and MAT generic services.



Complete the rest of the encounter section. Click **Save** and **Finish**.





GROUP LIST



Notes: 1) The Group List <u>must</u> be used to create **bulk** encounters for individuals who attended a group session. 2) Do <u>not</u> mix Recovery Services with other groups. 3) If a Non-BHS Contracted Client attended a group session, mark the client as present but do <u>not</u> create an encounter. 4) **Group size** is a minimum of 2 and a maximum of 12 clients.

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

Searching a Group Profile

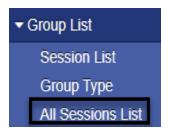
To search for an existing group profile, from the navigation pane:

Click Group List.



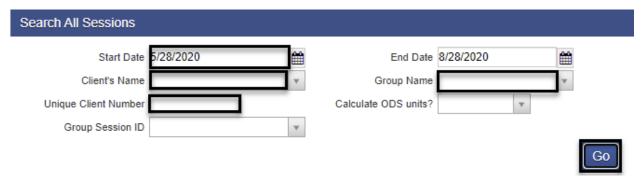
The Group List expanded with two search options, the All Sessions List within the Group List pane and the Group Profile Search section to the right of Group List.

A. All Sessions List. This path allows a user to search group sessions conducted under a group profile or for a client member. To use this path, click All Sessions List.





The prepopulated start date is three months from current date. Enter the client's name or UCN to search all group sessions attended by the client. Enter the group name to search all group sessions conducted under that group. Click **GO**.



Depending on the search parameters chosen, the All Session List displays all the sessions for the group or the client. The columns are the same, but the results will be different.



To open the group session, on the selected session date hover over the pen in Actions and click **Review**.



The system launches the group session notes for review.





B. Group Profile Search. This path allows a user to view all group profiles and also create bulk encounters.

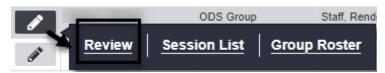
In the Group Profile Search section, enter the client's name or the client's unique client number (UCN). You can also search by group type or lead staff. After completing the search parameters, click **GO**.

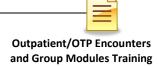


The system displays a list of group profiles in the agency. The group list defaults to the group with the oldest start date displayed at the top. Double click on the Start Date title to sort the group with the most recent start date at the top. You can also click on any of the column headers to sort the groups.

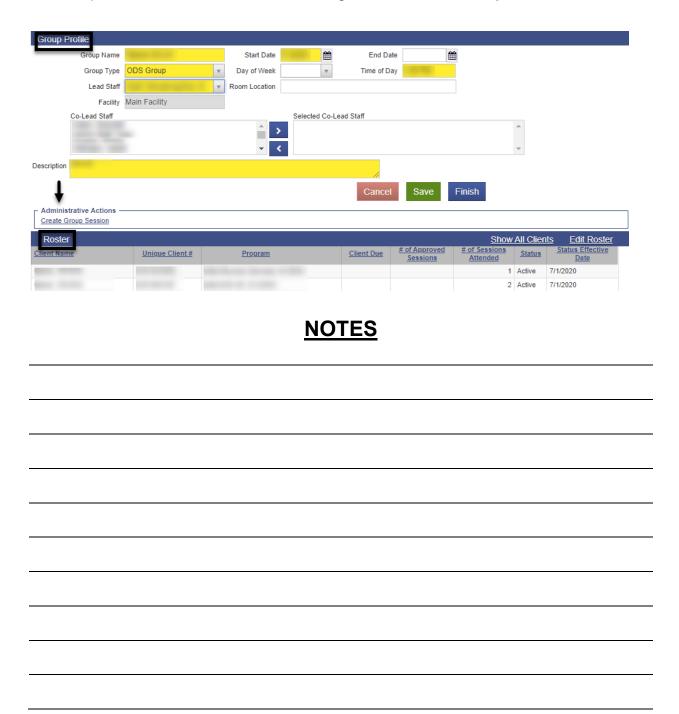


After you find the existing group profile, hover over the pen in Actions of the selected group profile to view the group profile, session list, or group roster. To view the group profile, click **Review**.





The Group Profile screen launches showing the group name, start date, group type, time of day, lead staff, description, and the roster of members. The existing group profile can be updated or used as is to create billing via the **Create Group Session** section.





Adding a Group Profile

If the group profile search result does not show that a group profile has been created for the group, create a group profile in SanWITS. To create a new group profile, from the navigation pane:

Click Group List.



At the Group Profile screen, click Add.



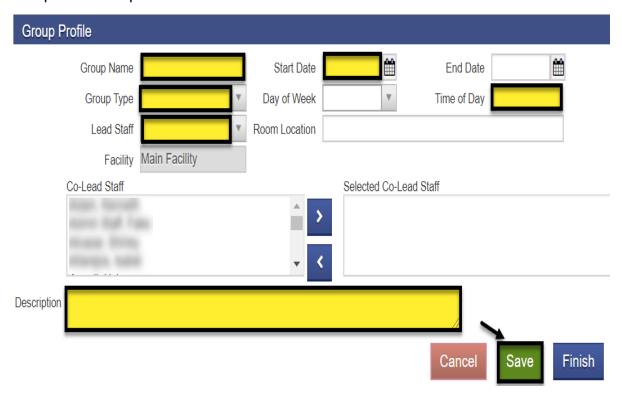
The Group Profile screen launches. The group profile identifies the specific group within the facility and is used to prepopulate the group name, group type, start time and the roster of clients.





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 in a group with other recovery services clients.

Complete the required fields and click Save.

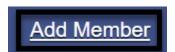


Creating a Roster

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, towards the bottom right of the group profile, click **Edit Roster**.



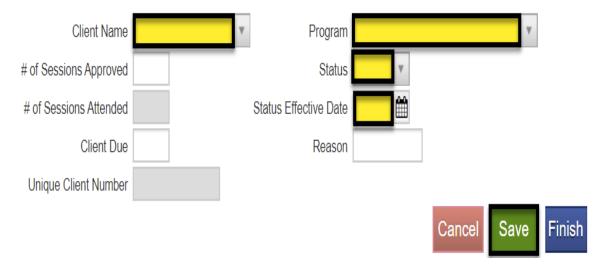
To add a member to the group profile roster, on the middle right side of the Roster screen, click **Add Member**.





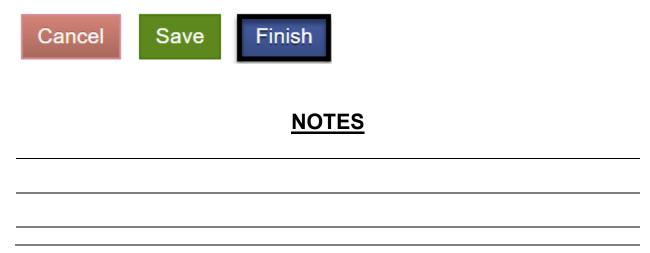
Each member on the roster is under a status category, for example active or inactive. The roster also captures when the client was added or removed. The status must be **Active**, and the status effective date must be on or after the client's program enrollment. If a client is not showing in the drop-down menu, it means that a Program Enrollment has not been completed for the client. A Program Enrollment must be completed for each client before continuing.

Complete the required fields and click **Save**.



Repeat the same steps for <u>each additional member</u> until all members have been added to the group profile's roster.

After all members have been added to the group, click Finish.





Updating a Client Status

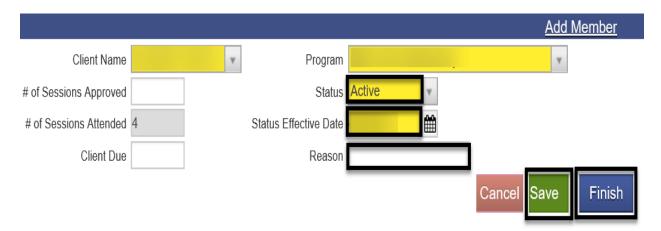
The client's status can be updated within the group profile screen by clicking on the **Edit Roster**.



At the next (Roster) screen, hover over the pen in Actions next to the client's name and click **Review**.



Change the status by clicking on the dropdown menu. Complete the status effective date and reason fields. Click **Save** and **Finish**.



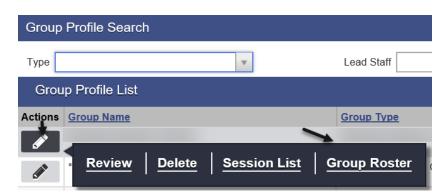


If the group profile window is not open and you want to update the status of a client member from the navigation pane:

Click Group List.



Search for the group profile and select the group profile from the list that displayed in the group profile window. Hover over the pen in Actions and click **Group Roster**.

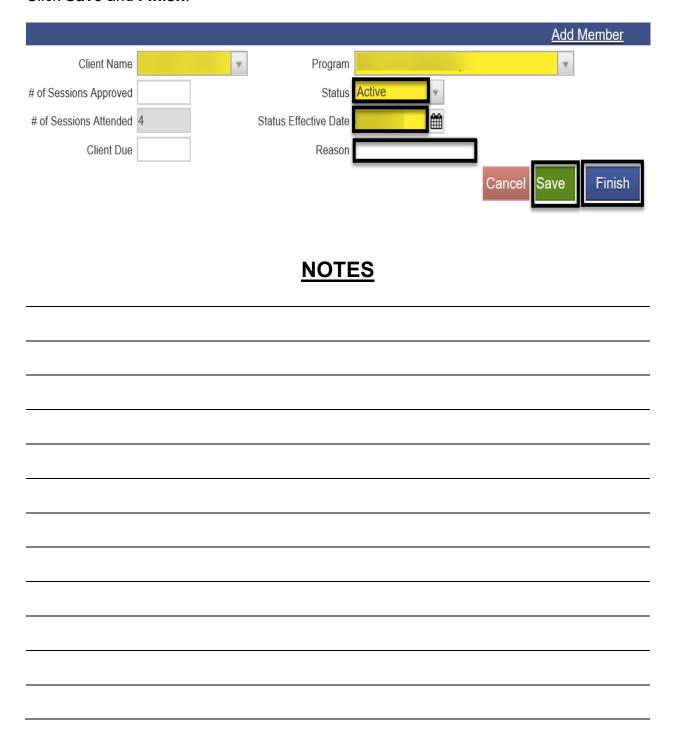


When the Roster screen launches, hover over the pen in Actions next to the client's name and click **Review**.





Change the status, select the status effective date, and enter the reason for the change. Click **Save** and **Finish**.





GROUP BULK ENCOUNTERS

A) Creating Group Session Notes (Encounters)

Group session encounters should always be done via the group module in order to create group session encounters in bulk. The first step in creating bulk encounters is to create group sessions notes.

To create group session notes, open the group profile for the group. In the Administrative Actions at the bottom of the group profile, select **Create Group Session**.



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 at least one (1) of the clients is Medi-Cal eligible.

Start Date: Enter the date of the group session.

Billable: Select Yes

Calculate ODS Units: NO will automatically populate and will be read only with CalAIM Payment Reform for services provided after 07/01/23. For any services provided prior to 7/1/23 YES should be selected.

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.

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

Session Duration: Enter the group session duration in minutes. *For OTP, bill* 10-minute increments for group services.

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



Location: Select the appropriate facility.

Service: The service should be selected depending on the Rendering Staff's Discipline, Modality and Service Type.

For training purposes select the following:

For OS, IOS, OTP, select: #ODS Clinical Group_MFT

For Recovery Services, select #Recovery Service Group LP

Note: The Note field is required to save and create the group session notes. **Enter** the type of the Group Name.

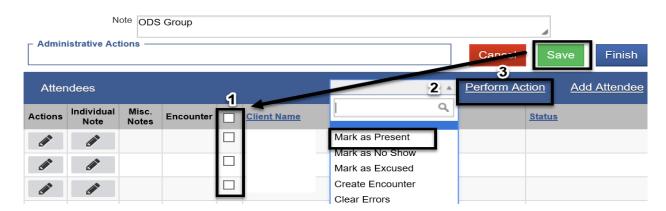
Click Save.

Proceed to the bottom of the Group Session Notes for the next steps in creating bulk encounters.

B) Creating Bulk Encounters

After saving the group session notes, the next step is to create bulk encounters within the Group Session Notes section. Bulk encounters are created for all BHS contracted clients who attended a group session. To create encounters for BHS contracted clients, mark them first as present by performing the following steps:

- 1. Place a **check mark** next to the client's name
- 2. Select Mark as Present from the dropdown menu
- 3. Click Perform Action



The Status field shows Present for the clients who were marked as present.



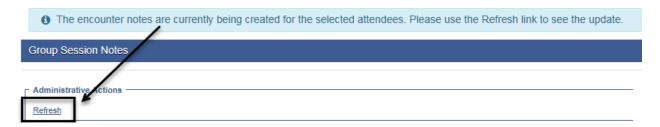


To continue creating the bulk encounters, perform the following three (3) steps.

- 1. Place a **check mark** again on all the clients who were previously marked present
- 2. Select **Create Encounter** from the dropdown menu
- 3. Click Perform Action



Above the Group Session Notes, a message that encounter notes are being created displays. Below the Administrative Actions, click **Refresh**. <u>Keep clicking</u> **Refresh** until the Refresh link clears and no longer displays.



C) Updating Individualized Encounters

When the bulk encounters are created, the Encounter column populates with the View link. Each encounter must be viewed and updated in order to complete all the individual encounters. Click **View** to open the encounter.





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.



Rendering Staff: The Rendering Staff field is prepopulated from the Group Session note from the Lead Staff field and should show the name of the counselor who rendered the service. The rendering staff must have a valid National Provider Identifier (NPI). The selection of the Rendering Staff influences what values are available in the Service field.



Note Type: This field is prepopulated from the group session notes and should be individualized. If client has Medi-Cal eligibility, select DMC billable. If it's County, select County Billable. Select Non Billable for disallowed services or no show.



Billable: Select Yes, except for Non Billable services.



Medi-Cal Billable: For Outpatient services, if DMC, select **Yes**. If County billable, select **No.** For OTP services select **Yes**.





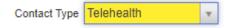
Travel Duration: This field is optional and prepopulated from the Group Session Notes as read only. Should not be included in the total service time. *OTP is not able to claim documentation duration.*

Documentation Duration: This field is optional and prepopulated with **0.** Outpatient programs should modify this field for each individual client. Should not be included in the total service time. *OTP is not able to claim documentation duration.*

Total Service Time: This field is required and will be populated from the Group Session Notes, should be modified if the client came in late or left early. This field should reflect the exact direct/session time with the client. Travel and/or documentation time should not be included in the total service time.



Contact Type: Select one from the dropdown menu. If telehealth is selected, telehealth should also be selected as the service location.



Pregnant/Postpartum: If the field is active, select **Yes** or **No**,

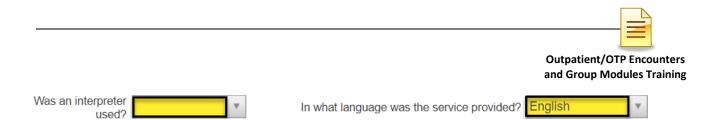
If the client is male, the Pregnant/Postpartum field is hidden.

If the client is <u>female</u>, the facility <u>is perinatal</u> certified, and <u>yes</u> was selected in the perinatal indicator of the program enrollment, the field defaults to Yes and is read only. If the client is <u>female</u> and the facility <u>is not perinatal</u> certified, the Pregnant/Postpartum field becomes required.

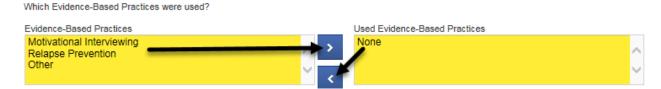


Was an interpreter used: If the language used was other than English and an interpreter was used, indicate if it was an internal or external interpreter.

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?: The EBP defaults to None and should be modified to the correct EBP. Deselect None first before selecting the EBP used. At least one Evidence Based Practice should be selected.



Diagnoses for this Service: The diagnosis field is editable and is required to release to billing. The active Primary Diagnosis will auto-populate when start date is entered. Field will remain editable. The choices will populate from any currently active diagnoses that have been entered via the Diagnosis List. Effective February 1, 2020, a diagnosis with DSM-5 Descriptor should be used.



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



Repeat the same process for all encounters included in the group bulk encounters to ensure all encounters are reviewed for accuracy before releasing to billing.



CREATING ENCOUNTERS FOR NO SHOWS

It is required to create encounters for group members who were scheduled to attend the group session but were **No Show**.

For the group members who were scheduled to the group session and were **No Show**, select the names of the attendees, then on the dropdown menu to the right select "**Mark as No Show**" and click **Perform Action**.



Under the Encounter column, click **Create** for each client.



The encounter screen launches.

Disallowed: If a service needs to be disallowed enter Yes.

Disallowance Reason: Select the reason that applies to the scenario.



There are different scenarios for Disallowed Services.

Option 1 - Encounter has not been released

Edit Encounter:

- 7) Note Type = Non-Billable
- 8) Billable = No
- 9) Disallowed = Yes
- 10)Disallowance Reason = Select appropriate reason from drop down menu
- 11)Medi-Cal Billable = No
- 12) Finalize Encounter

Option 2 - Encounter has been released, but not batched

Reject Claim and Edit Encounter:

- 4) In the Claim Item List, select 'Reject (Back Out)'
- 5) All encounter fields become editable
- 6) Follow steps in Option 1

Option 3 - Encounter has been released, batched, and submitted to the clearing house, but not billed

Contact Billing Unit and Edit Encounter:

- 4) Contact the Billing Unit for assistance with backing out the disallowed claim.
 - a. Billing Unit will reject the batch.
- 5) Encounter will be read only except for two fields: 'Disallowed' and 'Disallowance Reason'
- 6) Edit the two fields:
 - a. Disallowed = Yes
 - b. Disallowance Reason = Select appropriate reason from drop down menu

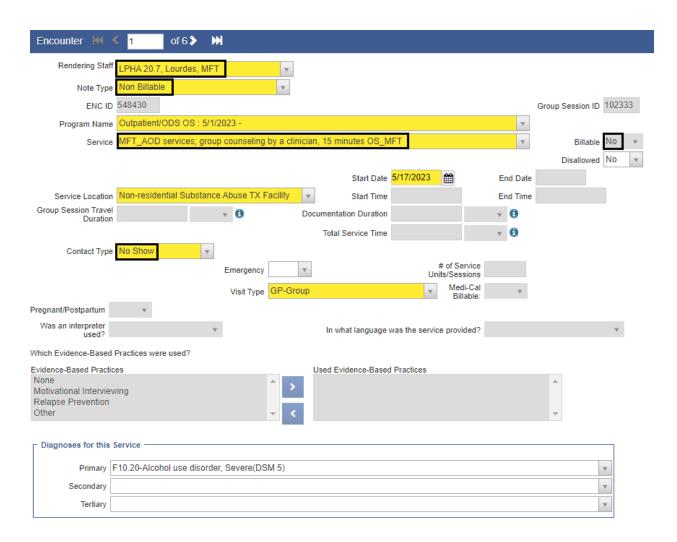
Option 4 - Encounter has been released, batched, and billed

Complete Payment Recovery Process and Edit Encounter:

- 4) Follow the steps to complete the Payment Recovery Process, as noted in the Billing Manual
- 5) Encounter will be read only except for two fields: 'Disallowed' and 'Disallowance Reason'
- 6) Edit the two fields:



- a. Disallowed = Yes
- b. Disallowance Reason = Select appropriate reason from drop down menu



Complete the required fields. A few differences for No Show members are:

Rendering Staff: The Rendering Staff field is prepopulated from the Group Session note from the Lead Staff field and should show the name of the counselor who rendered the service. The rendering staff must have a valid National Provider Identifier (NPI). The selection of the Rendering Staff influences what values are available in the Service field.

Note Type: Select Non Billable.



Billable: The Billable field prepopulated with Yes

Contact Type: Select No Show. When No Show is selected the Billable field will automatically update to No and it will become read only.

Visit Type: Select GP-Group for clinical group.

After completing the encounter, Finalize Encounter.





Note: For Group Members who were scheduled to the group section and were excused, select the names of the attendees, then on the dropdown menu to the right select "Mark as Excused" and click "Perform Action".

<u>NOTES</u>	



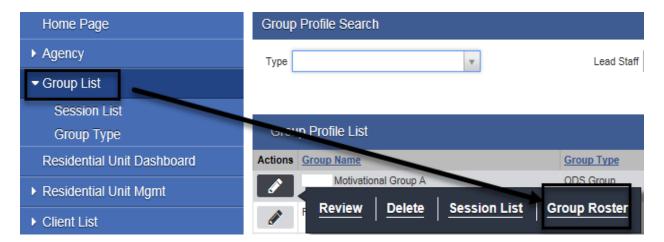
ADDING A NEW CLIENT TO AN EXISTING GROUP LIST



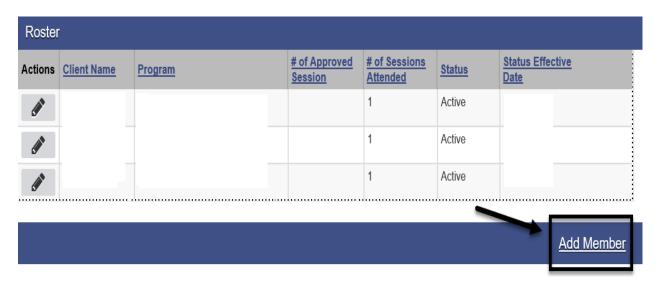
Note: Make sure the other encounters for the other group attendees have not been released before creating an encounter for the new client.

A new client who attended a recurring group session may be added to an existing group profile. To add a new client to an existing group profile, from the navigation pane:

Click Group List and search the group profile from the Group Profile List. Hover over the pen in Actions and click **Group Roster**.



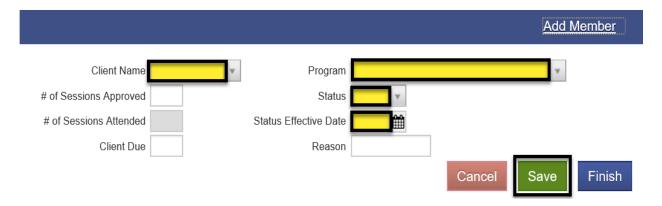
In the Roster screen, click Add Member.





Select the client's name and program. The status should be Active, and the status effective date would be the date the new client joined the group.

Click Save.



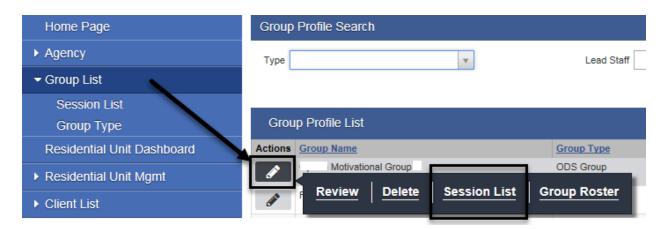
Click Finish.



<u>Do not</u> manually create an individual encounter for the new client who attended the existing group.

The encounter for the new member who joined the group session should be added via the group module. To create an encounter for the new client, from the navigation pane:

Click Group List → Actions → Session List





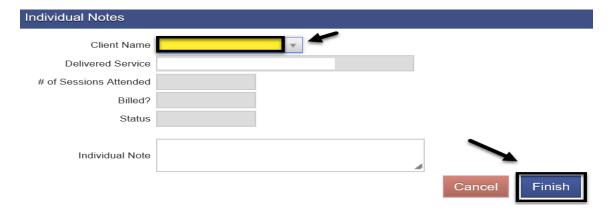
At the Group Session List, hover over the pen in Actions, and click **Review**.



The system opens the existing bulk encounters created for the group session. Click **Add Attendee** to add the new client to the group session.



In the Individual Notes screen, select the client's name. Click Finish.

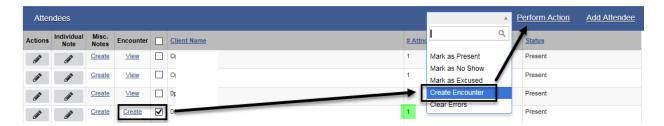


The Attendees screen displays the client's name in the Client Name column and the Create link in the Encounter column. Place a **check mark** on the box next to the client's name. Select **Mark** as **Present** and **Perform Action**.





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. Remember to save the updated information before releasing to billing.



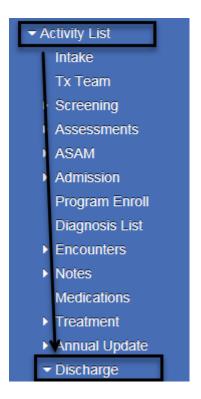
DISCHARGE



Note: A program enrollment <u>must</u> be ended prior to 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

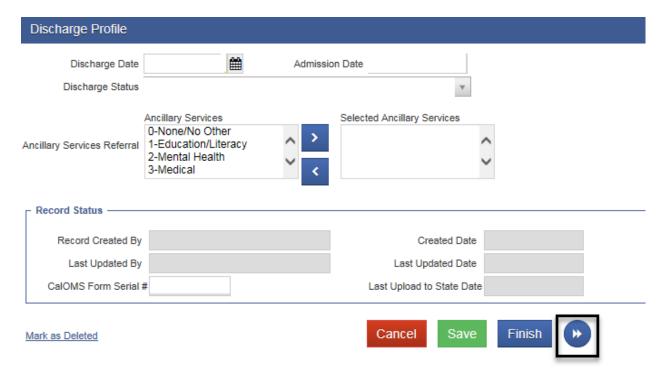


Most of the screens are the same as the admission and annual update screens.





Complete the Discharge Profile screen and click the **right arrow** button.

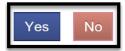


Complete the other screens and click **Save**. After fully completing the Discharge record, click **Finish**.

The system displays the message: "Client is discharged. Do you want to close this case also?"

The episode should be closed once the billing has been completed. Select **Yes** or **No**.

Client is discharged. Do you want to close this case also?



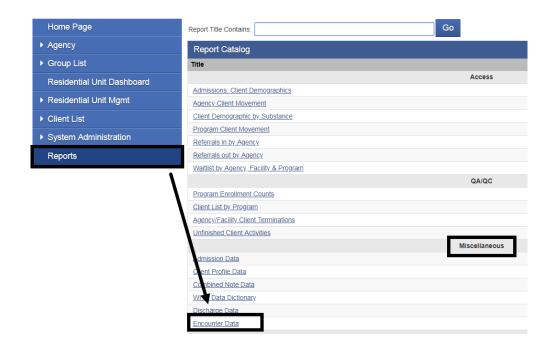


Notes: 1) Complete a Discharge record when the level of care is changed from OS to IOS or vice versa or from IOS to Residential 3.1. After a Discharge record is completed, open a new episode for the new level of care. **2**) After a Discharge record is completed and the client returns to the program, open a new episode for the re-admission, even if the level of care is the same as the prior admission.



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

ASAM American Society of Addiction Medicine

BHS Behavioral Health Services

CalOMS California Outcomes Measurement System

DHCS Department of Health Care Services

DMC Drug Medi-Cal

EBP Evidence Based Practices

FSN Form Serial Number

HHSA Health and Human Services Agency

IOS Intensive Outpatient Services

MAT Medication Assisted Treatment

ODS Organized Delivery System

OS Outpatient Services

OTP Opioid Treatment Program

SanWITS San Diego Web Infrastructure for Treatment Services

SUD Substance Use Disorder

TX Treatment

UCN Unique Client Number



CONTACT INFORMATION

CalOMS, SanWITS, End User Support

SUDEHRSupport.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

CalOMS Tx Data Collection Guide & Dictionary, Manuals, and Forms

www.optumsandiego.com

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

