MIS SUBSTANCE USE DISORDER

RESIDENTIAL BED MANAGEMENT, ENCOUNTERS AND GROUP MODULES

Live Well San Diego

County of San Diego
Behavioral Health Services

TABLE OF CONTENTS

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.

- 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.

- 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.

- **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.

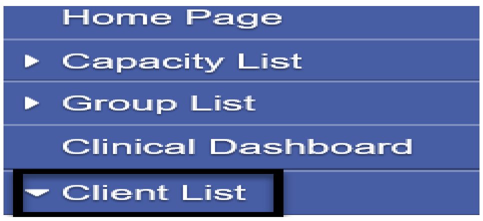
- Contact information for questions and end user support can be found on the last page of this training manual.

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.

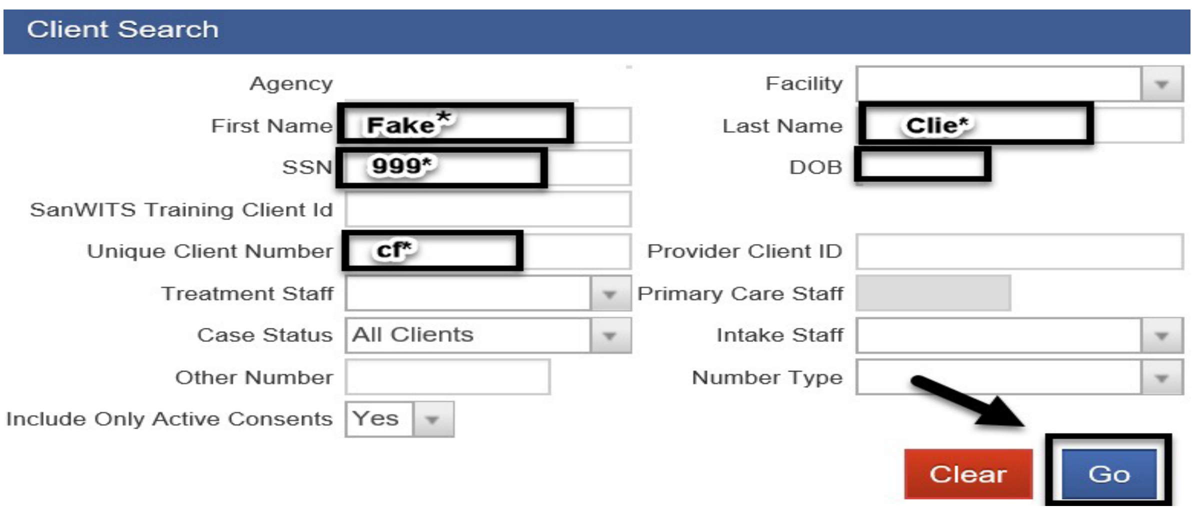
VERIFYING CLIENT PROFILE

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

Click Client List.

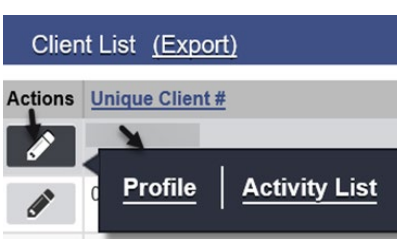


Complete the search parameters and click **GO** to search the client profile.



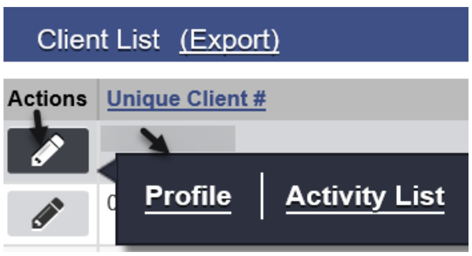
If a match is identified, the Client List will populate with the matching results. To open an existing client profile:

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



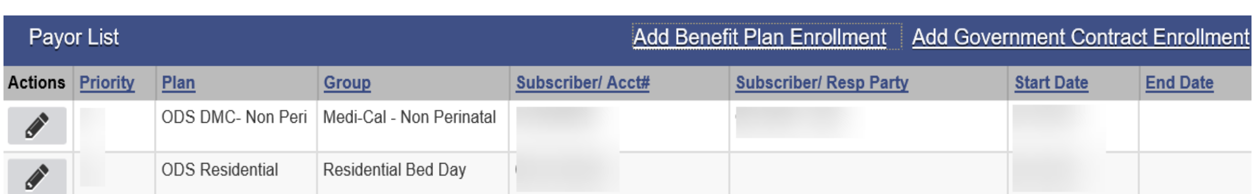
Verify the status of completed activities from the Activity List.

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, there should be two enrollments for residential facilities. Verify the accuracy of the plan, group and start date.



AUTHORIZATION

Notes: 1) <u>Do</u> <u>NOT</u> *enter an authorization, payor group enrollment, encounter, nor assign a County contracted residential bed to a* ***Non-BHS Contracted Client****.*
2) <u>NO</u> *authorization is required for Residential 3.2 Withdrawal Management.*

Under the Organized Delivery System Drug Medi-Cal (ODS DMC), an authorization is required for residential stays for clients with Medi-Cal eligibility. The authorization request must be sent to Optum, and an approval must be received <u>before</u> the client can be enrolled to the program.

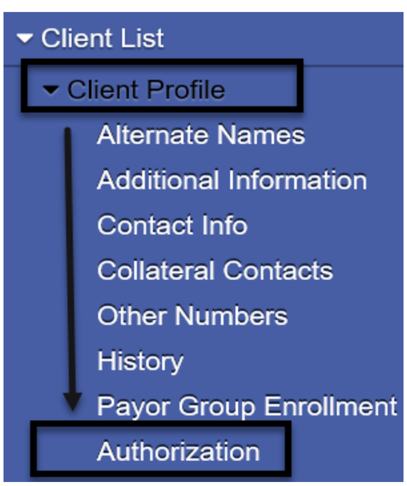
After receiving the initial 15-day level of care request from the residential facility, Optum will respond within 24 hours. The authorization may be approved or denied. Within ten days after the initial authorization was approved, an authorization request for the remaining 75-day continuing services must be submitted to Optum. Optum will respond within five business days from the date of receipt of the request.

Request	Days Requesting	Response
Initial Request	**15**	Within 24 Hours
Subsequent Request	**75**	Within 5 Business Days

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

Adding an Authorization: To add an authorization from the navigation pane:

Click Client Profile → Authorization



To the right of Authorization List, click **Add New Authorization Record**.

Complete the required fields on the Authorization screen. Some of the fields are system generated.

Government Enrollment: Defaults to Residential Bed Day, if DMC or County Billable.

Plan: Prepopulates with ODS Residential. Do not change it; this is correct.

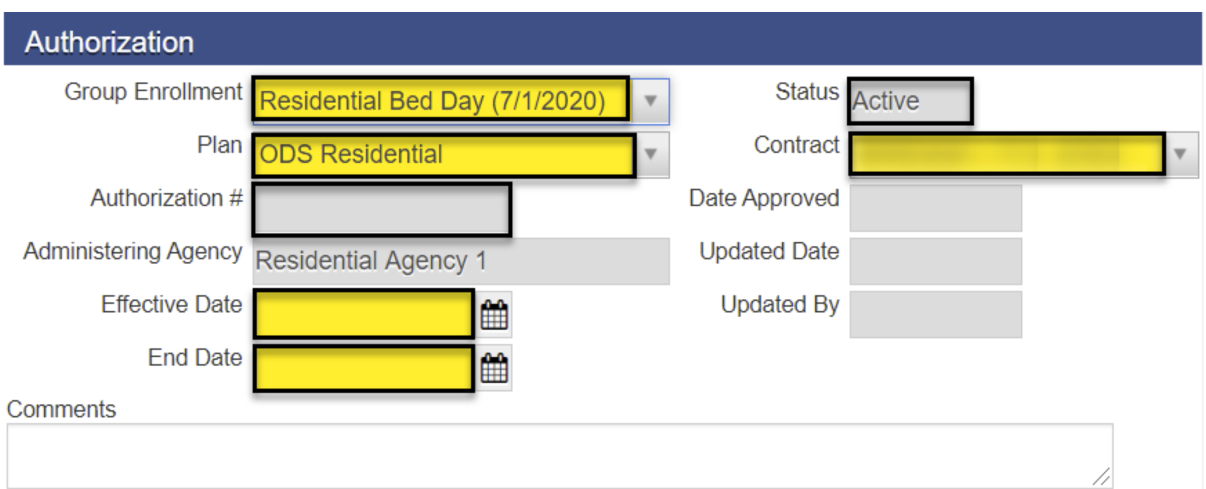
Authorization #: When saved, the system generates the unique authorization number.

Effective Date: Enter the start date of the authorization.

End Date: Enter an end date which must correspond to the number of units authorized.

Status: Prepopulates to Active. When saved, it will change to Provisional.

Contract: Defaults to the contract that is set up. Do not change; this is correct.



Click **Save**, but <u>do not</u> click Finish. Saving is required to proceed to the next step.

A service must be added for each authorization entered. To add a service, to the right of the Authorized Services List, click **Add Service**.

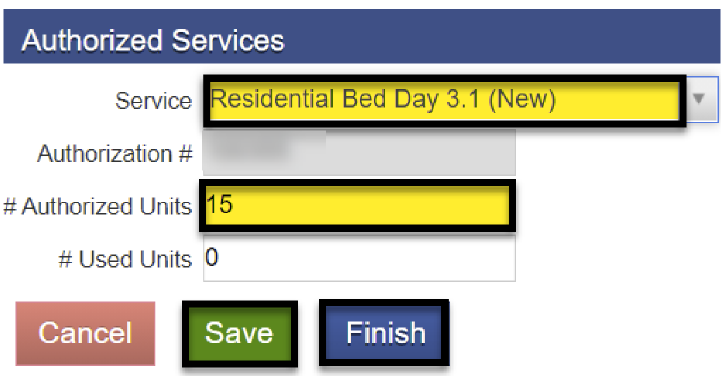
Complete the Authorized Services screen.

Service: Select the level of care for the service, e.g. Residential Bed Day 3.1.

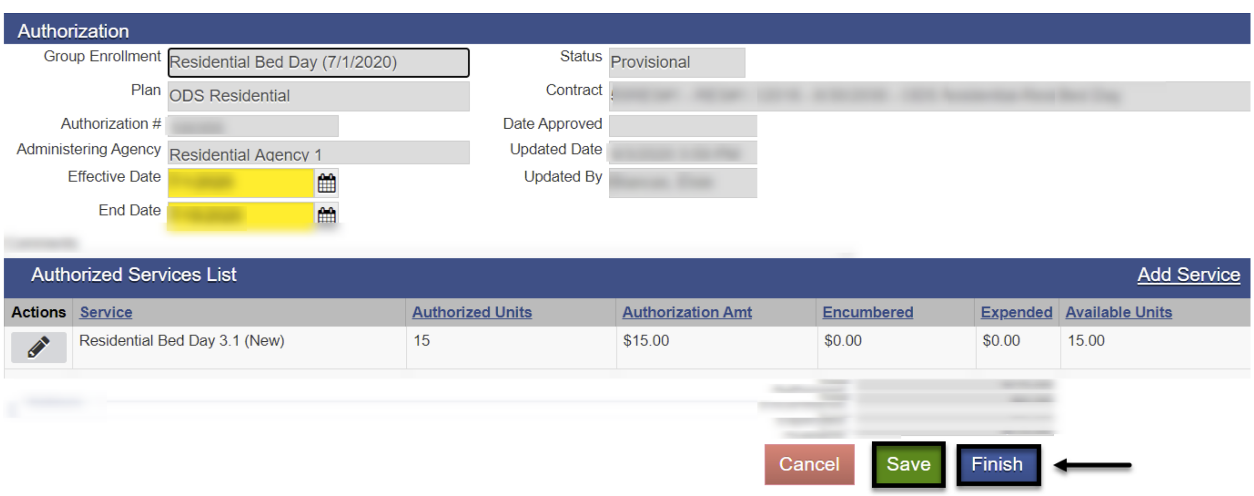
Authorization #: The system generates the number assigned to the authorization.

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

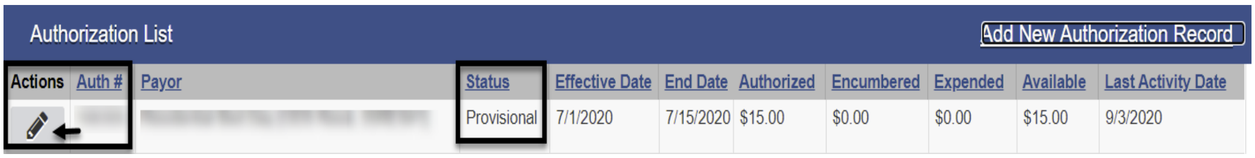
Click **Save** and **Finish**.



At the Authorization screen, click **Save** and **Finish**.



The service request appears in the Authorization List and remains in Provisional status until it is approved. The user has the ability to make changes, if needed, to the dates, service level, and number of units. However, once it is approved, the status changes to Active and cannot be edited.

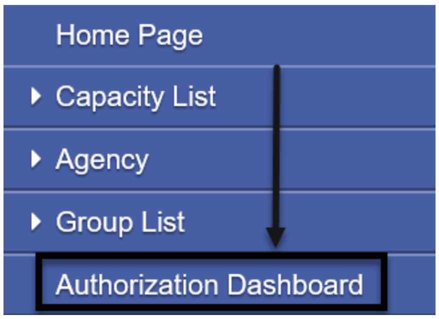


NOTES

AUTHORIZATION DASHBOARD

The status of any authorization entered into the system can be viewed. To look up the status of an authorization, from the navigation pane:

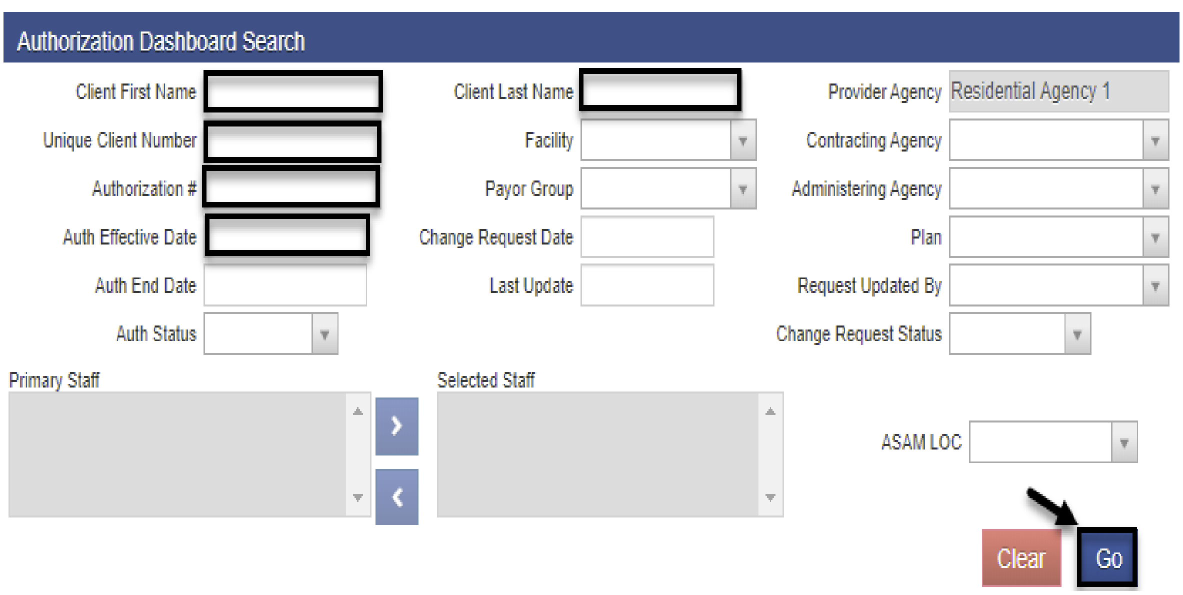
Click **Authorization Dashboard**



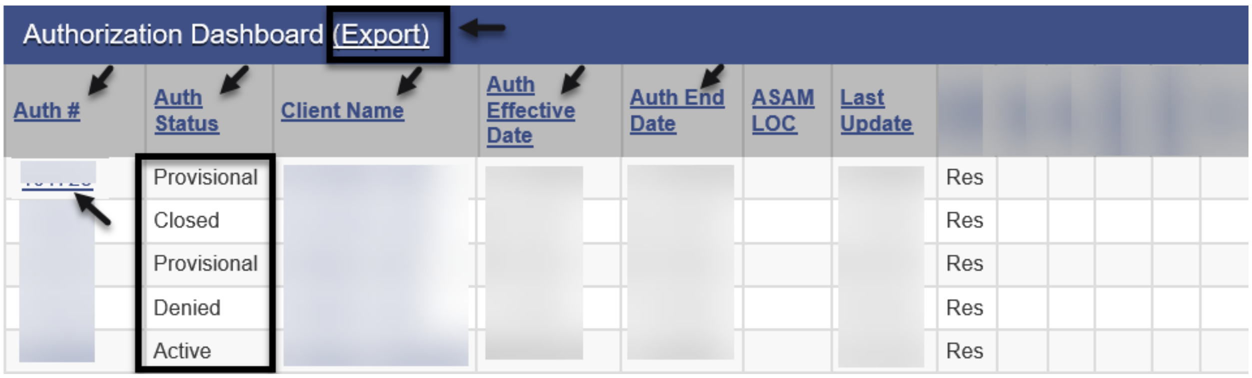
Searching for a Previously Entered Authorization

The Authorization Dashboard prepopulates all authorizations that have been entered.

To search for a specific authorization, complete one or more of the search parameters and click **GO**.



To sort the list, click on the subject header. To download the list to an Excel spreadsheet, click **Export**. To open and view an authorization, click the authorization number under the Auth # column.



NOTES

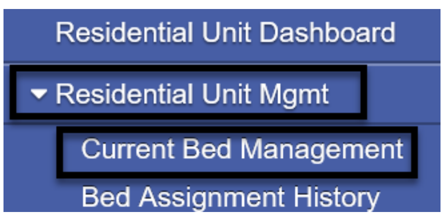
VERIFYING BED AVAILABILITY

Notes:* 1)** *In order to enroll a client into the program, there must be an* ***available bed*.*
2) *Bed assignments need to be in* ***chronological*** *order.*

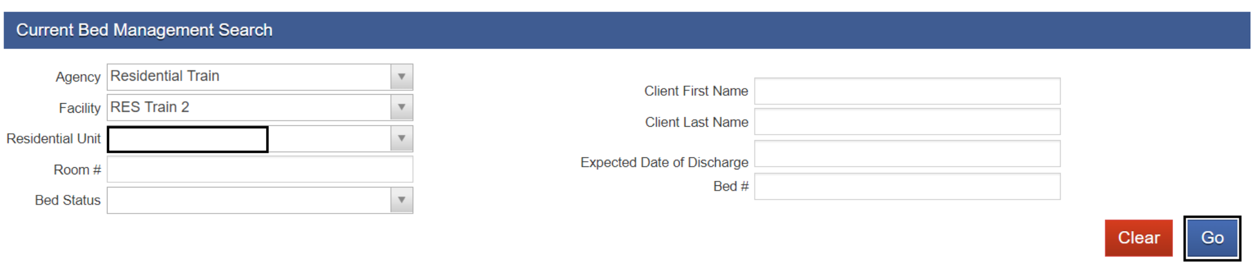
Program staff may not assign a client to a bed if the system shows another client has been assigned to the bed. Clients who were discharged in person but have not yet been discharged in SanWITS still occupy beds. It is best to discharge the clients promptly in SanWITS in order to have an accurate count of available beds.

The Residential Unit Management was implemented to assist in managing the residential beds. Users are able to obtain information on historical bed assignments and current bed availability. To verify bed availability, from the navigation pane:

Click Residential Unit Mgmt → Current Bed Management



Select the Residential Unit and click **GO.**



The Current Bed Management List displays available rooms and beds for today's date.

Current Bed Management List (Export)

Actions	Facility	Residential Unit	Room #	Bed # / Status	Virtual Bed	Program Enrollment	Client MPI	Expected Discharge Date
	RES Train 2	[illegible]	Room A	A1, Vacant	No			
	RES Train 2	[illegible]	Room A	A2, Vacant	No			
	RES Train 2	[illegible]	Room A	A3, Vacant	No			

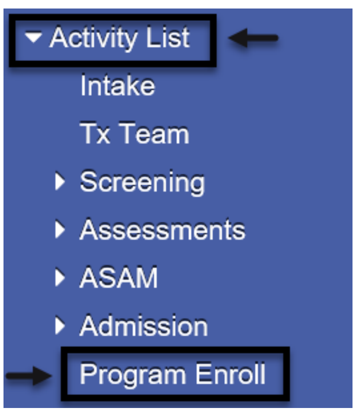
PROGRAM ENROLLMENT

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.

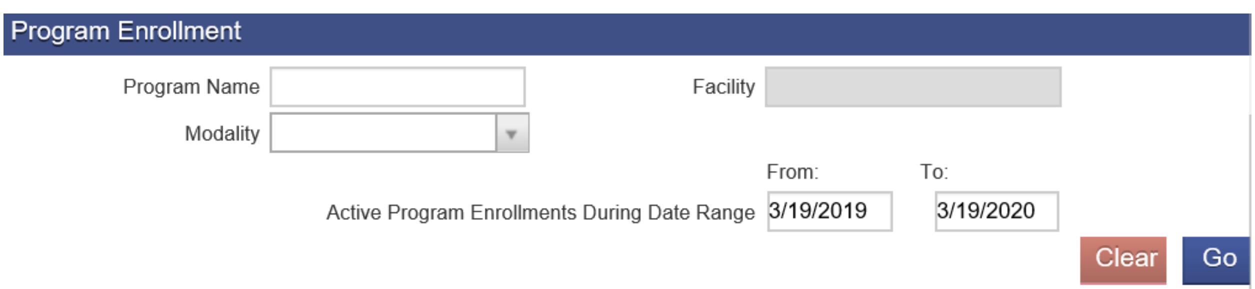
IMPORTANT: Before adding a program enrollment in the system, availability of a bed **MUST** first be checked. Bed assignment is part of the program enrollment process.

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 today's 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.

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

Program Name: Select one from the list, e.g. ODS 3.1 RES.

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

Start Time: Enter the time the client is admitted to the facility. The Start Time field is activated only after selecting the program name.

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

Perinatal: If the field is active, select **Yes** or **No**.

The Perinatal field pertains to the **facility's perinatal certification**.
If the client is male, the field is hidden.
If the facility is not perinatal certified, the field is hidden.
If the facility is perinatal certified and the client is female, 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 is perinatal certified and the client is pregnant/post-partum, select **Yes**.
If the facility is perinatal certified but the client is not pregnant/post-partum, select **No**

Review to ensure that all fields have correct information.

If everything is accurate, click **Save**.

After clicking Save, the bed assignment window opens immediately. The staff cannot return to the program enrollment screen, and the client must be assigned to a bed. Bed assignment is covered next on a separate section of this manual.

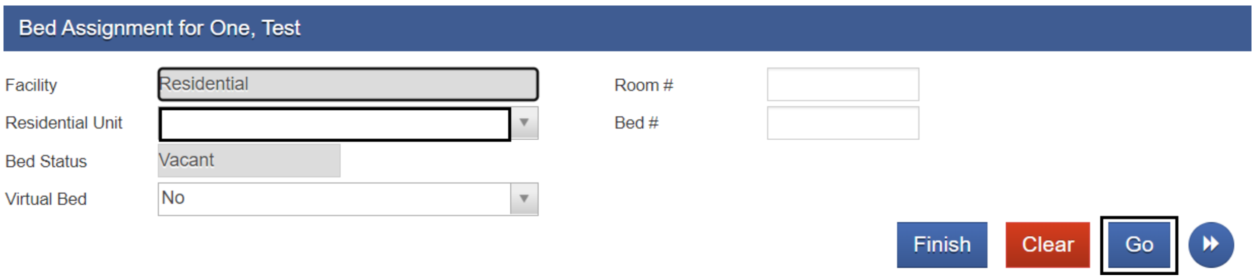
***Notes**: **1)** Open a program enrollment for **Recovery Services** if the facility provides recovery services. Authorization and Admission are not required for recovery services. **2)** Close the existing LOC program enrollment and open a new program enrollment when **changing level of care** to ensure accuracy of client records and for billing purposes.*

NOTES

BED ASSIGNMENT

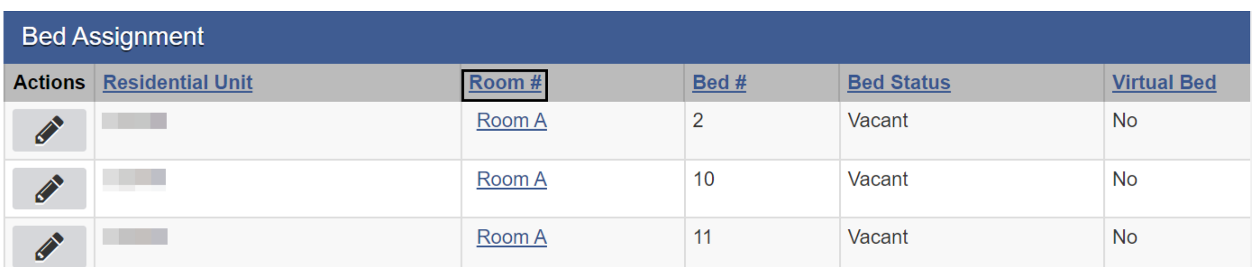
After saving the program enrollment, the Bed Assignment window opens immediately, and the user must assign the client to a bed.

Select the Residential Unit and click **GO** to view the bed vacancies.



A bed may be assigned using the pen in the Actions column. However, it is best practice to click the link under the Room # to assign the client to a bed. This allows the staff to view the room and the other occupants within the room as well as any general comments for each client.

To assign a bed using the Room # column, hover over any of the vacant beds and click the link.



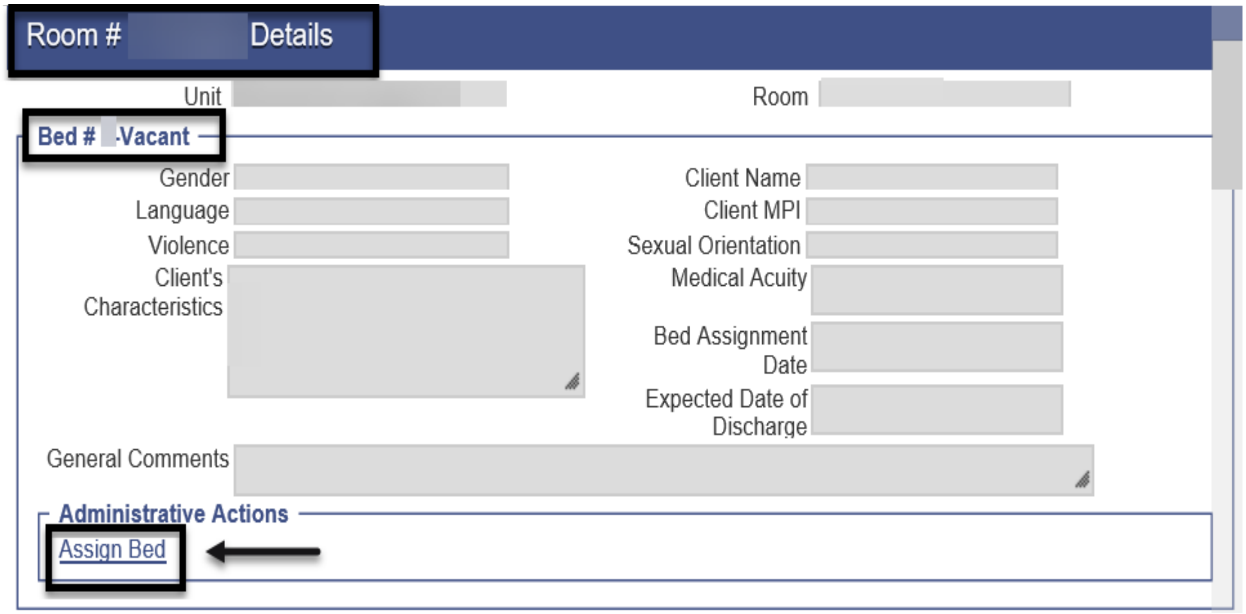
Bed Assignment

Actions	Residential Unit	Room #	Bed #	Bed Status	Virtual Bed
		Room A	2	Vacant	No
		Room A	10	Vacant	No
		Room A	11	Vacant	No

A. Bed Assignment through Room #:

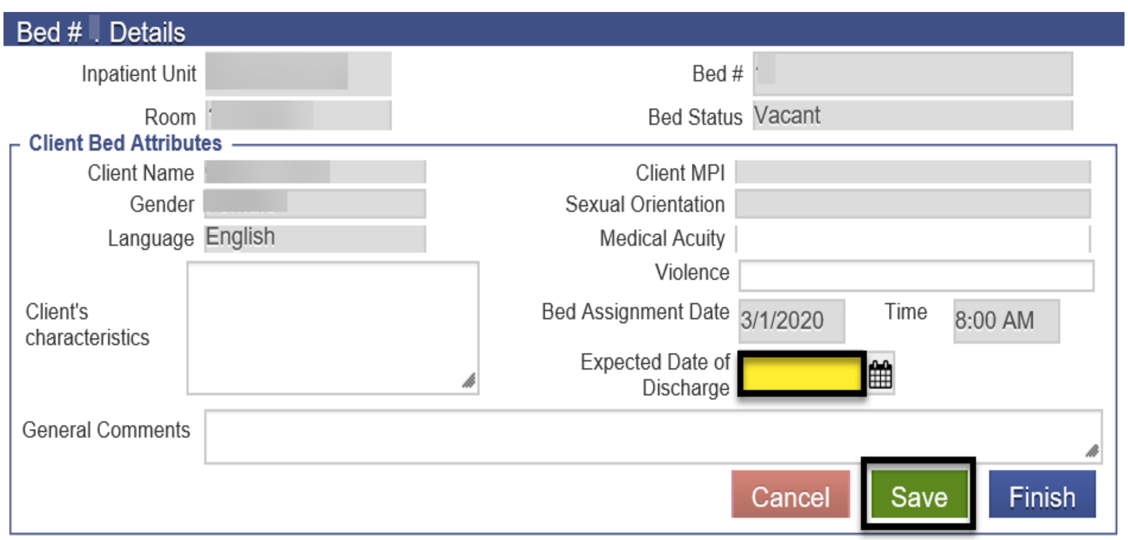
The Room Details window provides a full view of all clients assigned to a bed in that Unit. The general comments about the client can be viewed on this window. The bed # is located on the top left, and the link to assign on the bottom left.

To assign the client to a bed, find the correct bed #. In the Administrative Actions section, click **Assign Bed**.

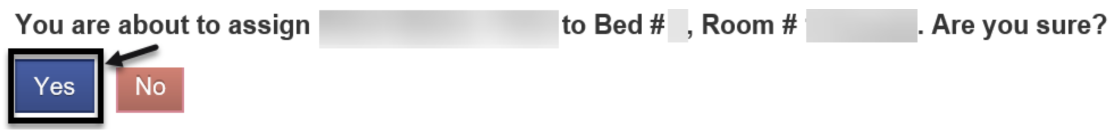


In the bed details window, enter the **Expected Date of Discharge**. Client characteristic and general comments can also be added.

Click **Save**.

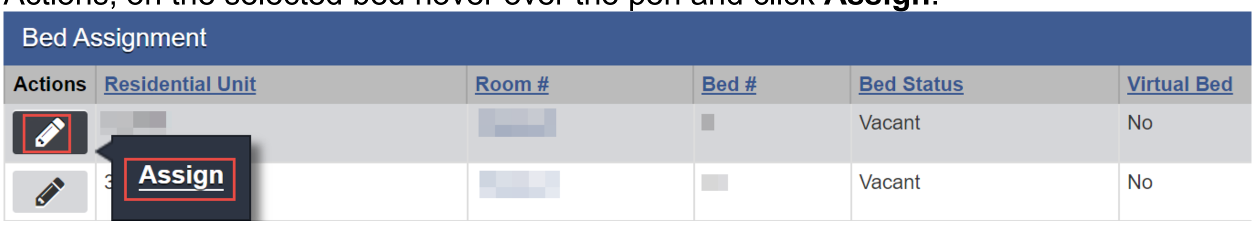


After saving, the system closes the bed details window and displays a confirmation screen. If the room assigned is incorrect, click No to return to the bed assignment window. To confirm the selection of the room and bed assignment, click **Yes**.



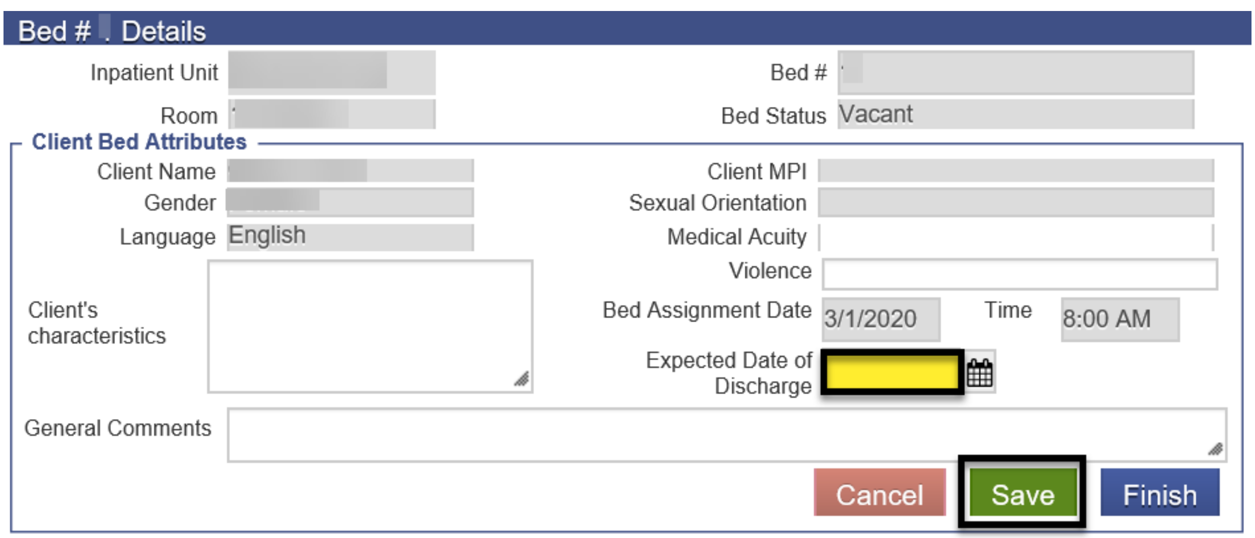
B. Bed Assigment through Actions:

A bed may also be assigned to a client through the Actions column. This method should only be used if the staff is fully aware of the room details, such as upper and lower bunks, other occupants and general comments. To assign the client to a bed under Actions, on the selected bed hover over the pen and click **Assign**.

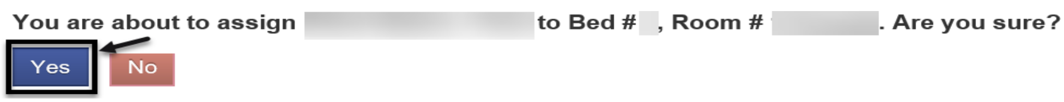


In the bed details window, enter the Expected Date of Discharge. Client characteristic and general comments can also be added.

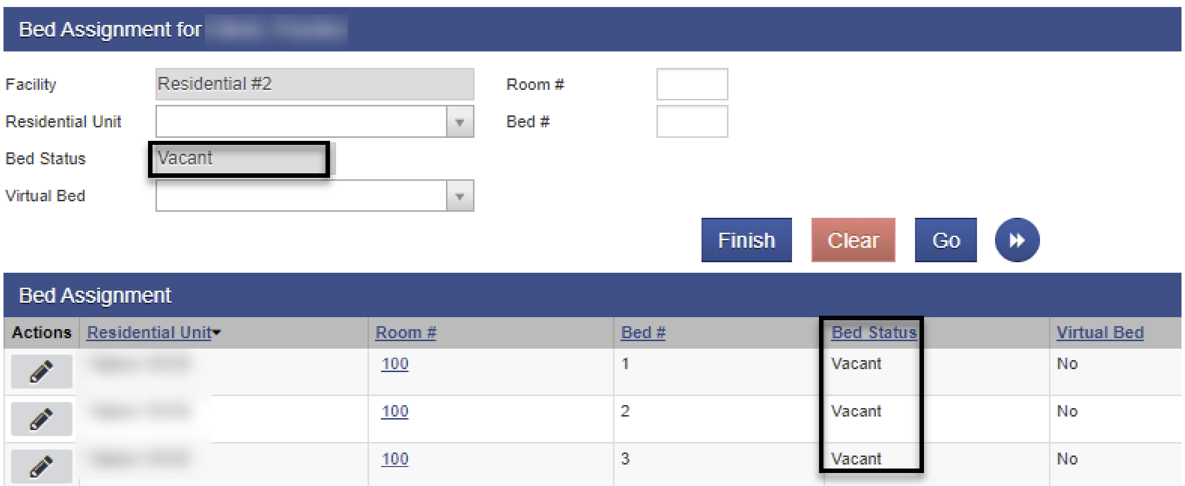
Click **Save**.



After saving, the system closes the bed details window and displays a confirmation screen. If the room assigned is incorrect, click No to return to the bed assignment window. To confirm the selection of the room and bed assigned to the client, click **Yes**.



The Bed Assignment window reopens displaying a list of vacant beds. The bed that was assigned to the client is no longer listed as vacant.

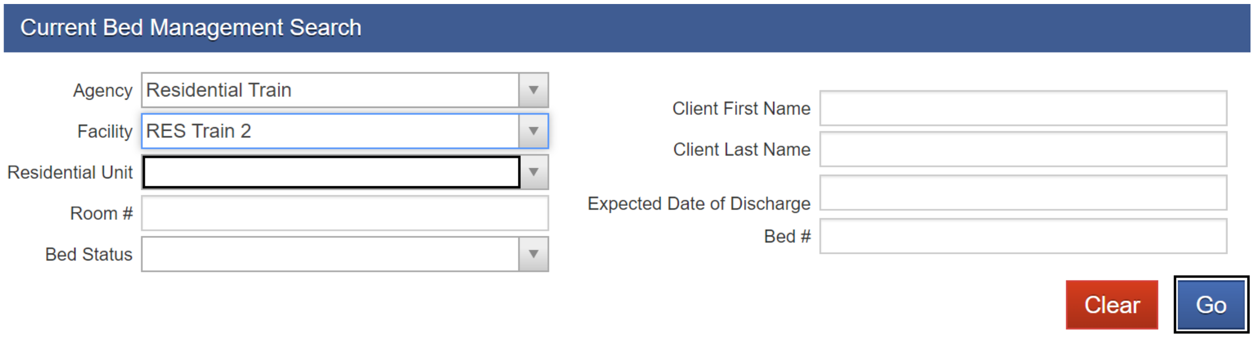


Moving a Client to Another Bed

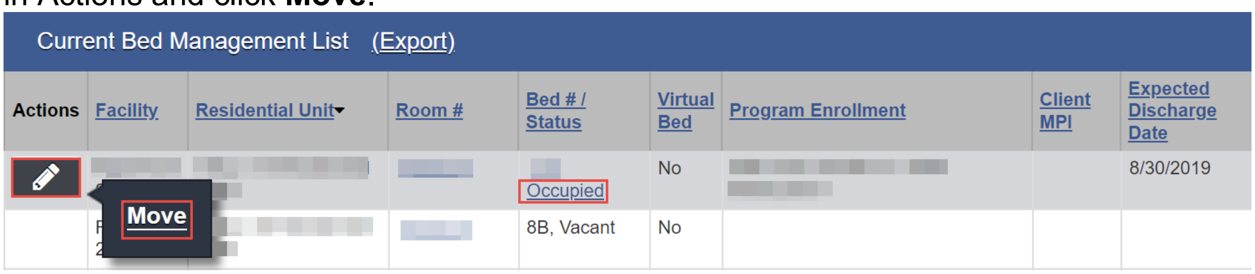
There may be times when a client needs to be moved within the unit. Before moving a client to another bed, make sure **<u>all actions</u>** are completed in **<u>chronological</u>** order, including client level of care changes and current bed assignments. To move a client to another bed, on the navigation pane:

Click Residential Unit Mgmt → Current Bed Management

Select the Residential Unit and click **GO.**



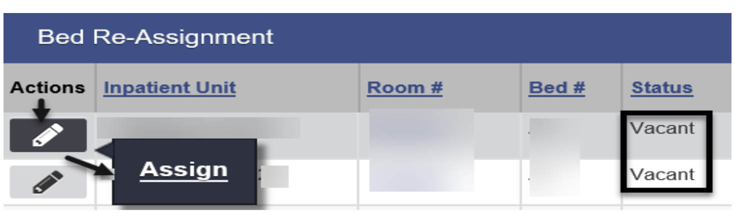
Look up the client's name from the Current Bed Management List. **Hover** over the pen in Actions and click **Move**.



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 swapped with a client who is occupying a bed.

A) Re-assign client to a vacant bed: Hover over the pen in Actions and click **Assign**.

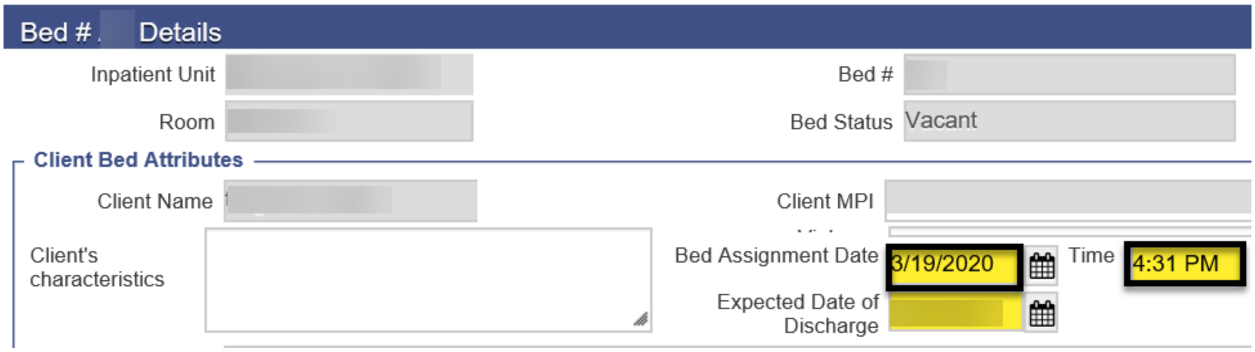


The Bed # Details window launches. Complete the required fields.

Bed Assignment Date: Prepopulated with today's date. Change, if needed.

Time: Prepopulated with current time. Change as needed.

Expected Date of Discharge: Review and change if needed.



Click **Save** to confirm the transfer.

B) Re-Assign client to an occupied bed: A client's bed can be swapped with another client's bed. To swap client beds, hover over the pen in Actions and click **Swap**.

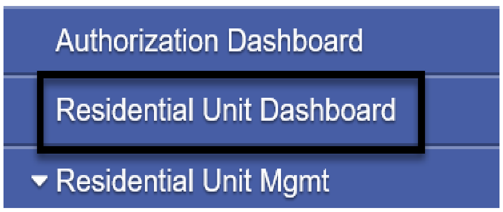
A confirmation screen displays the names of the clients, today's date and the current time. Update the date and time as needed. If the client names are inaccurate, click No.

If the information is accurate, click **Yes** to complete the swap.

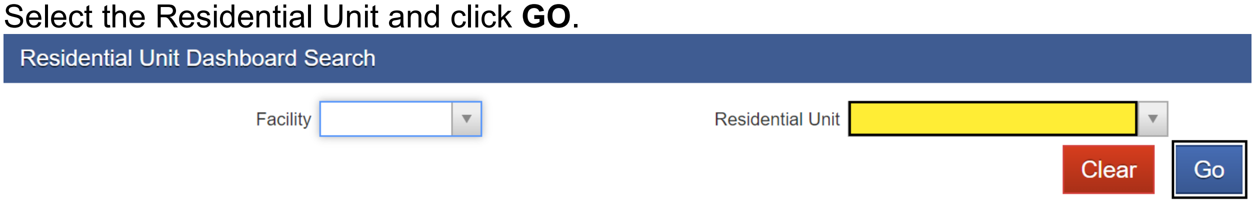
Client Leave

A client may be on leave for anywhere between 24 hours and 7 days. Contact your County Program Coordinator if leave is more than 7 days. If the client has not returned on the 8th day, the client must be discharged. *__A client on leave should not be included in the census.__* To place a client on leave, from the navigation pane:

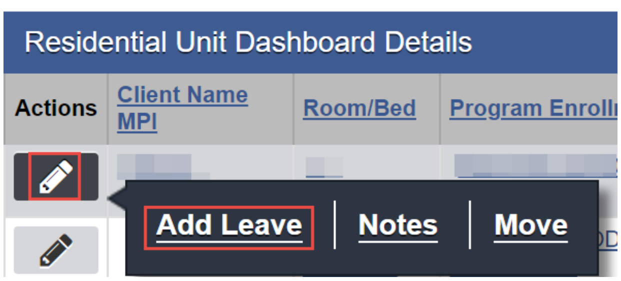
Click Residential Unit Dashboard.



Select the Residential Unit and click **GO**.



At the bottom of the Inpatient Unit Dashboard Search screen is the Inpatient Unit Dashboard Details. Hover over the pen in Actions and click **Add Leave.**



Complete the Client Leave Details fields to continue.

Leave Type: Select the type of leave from the drop down menu.

Hold Client's bed?: Defaults to Yes. Selecting No will show the bed as vacant and available for re-assignment.

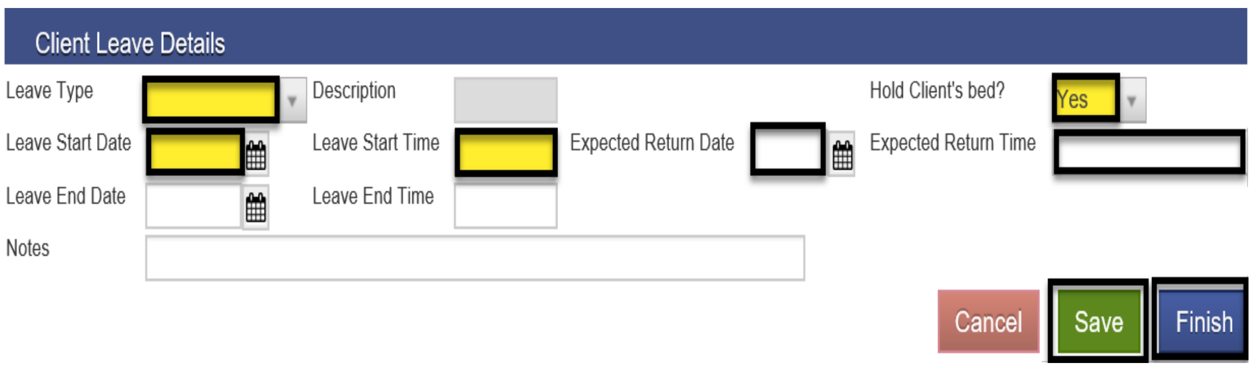
Leave Start Date: Enter the date the client begins the leave.

Leave Start Time: Enter the time the client's leave begins.

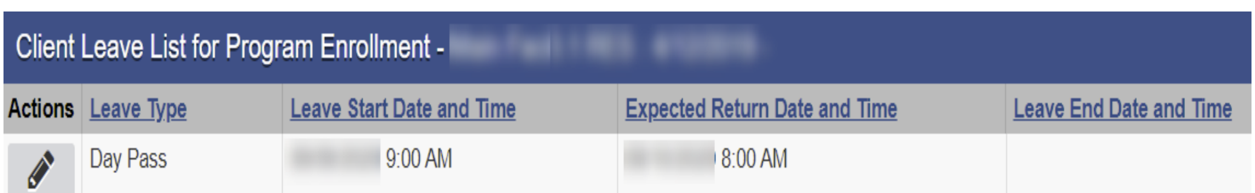
Expected Return Date: Optional, but it is best to enter for tracking purposes.

Expected Return Time: Optional, but it is best to enter for tracking purposes.

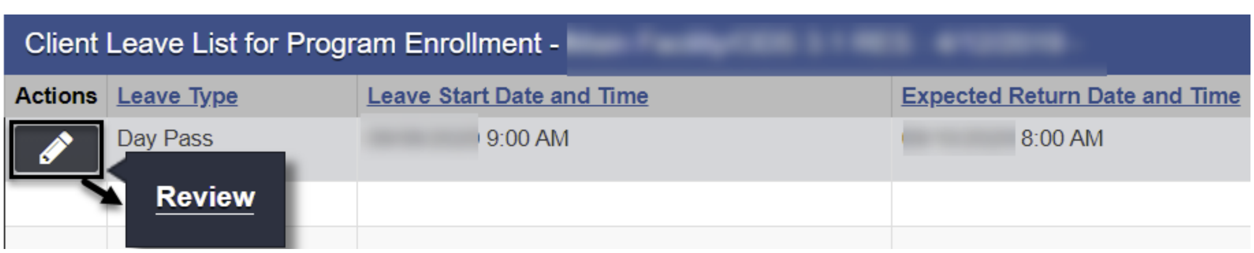
Click **Save** and **Finish**.



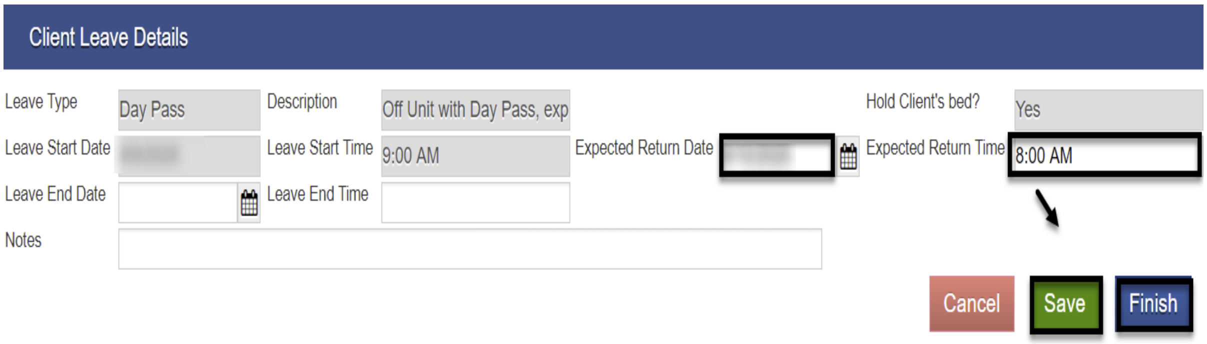
The Client Leave List for Program Enrollment window displays the information that was entered. The expected date and time of return may be updated from this screen.



To change the expected return date and time, hover over the pen in Actions and click **Review**.



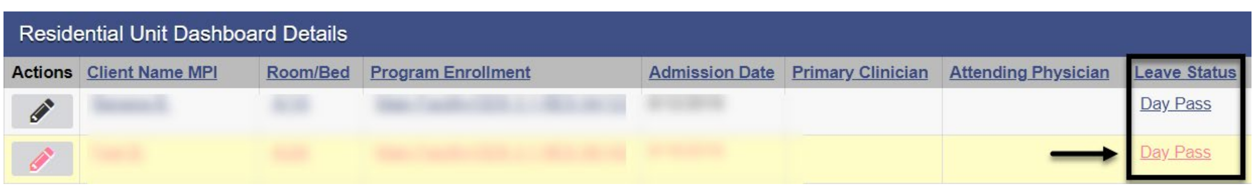
The Client Leave Details screen re-opens. Change the expected return date and expected return time fields. Click **Save** and **Finish**.



Click **Finish** again to return to the Inpatient Unit Dashboard window.

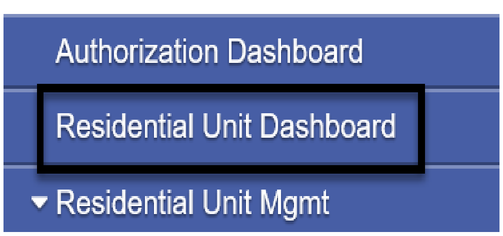
The Residential Unit Dashboard Details lists the clients who are on leave.

The leave status color is blue if the client is out but still within the expected date of return. The status color is red if the client failed to return on the expected return date and time.



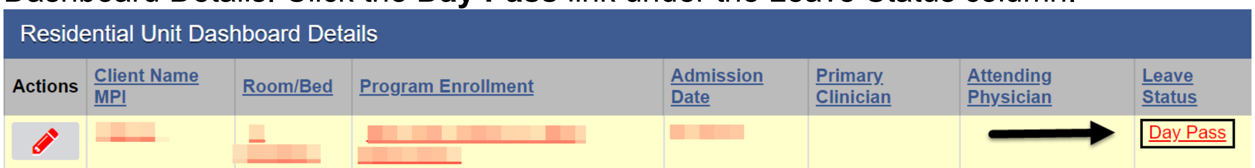
Client Leave Ends: When the client returns, update the system so that the client may be included in the daily census. To end the client's leave, from the navigation pane:

Click Residential Unit Dashboard.

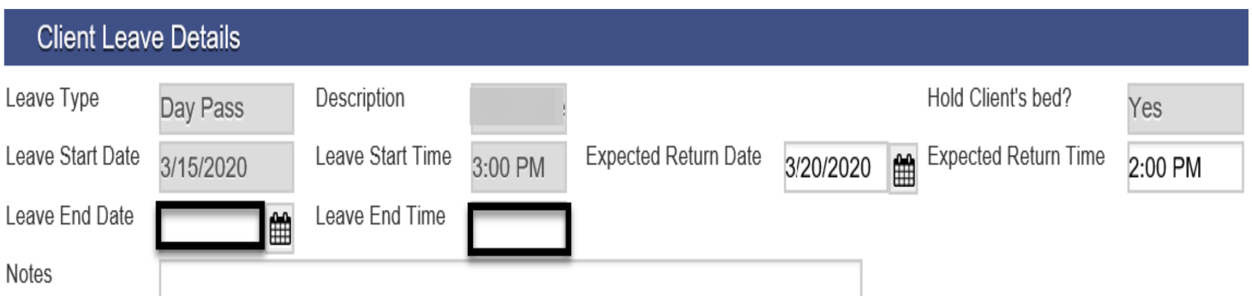


Select the Inpatient Unit and click **GO**.

At the bottom of the Inpatient Unit Dashboard Search screen is the Residential Unit Dashboard Details. Click the **Day Pass** link under the Leave Status column.



Enter the date and time the client returned from leave in the Leave End Date and Leave End Time fields.



Click **Save** and **Finish**.

Click **Finish** again.

Note: *A client on leave should not be included in the census.*

DAILY CENSUS

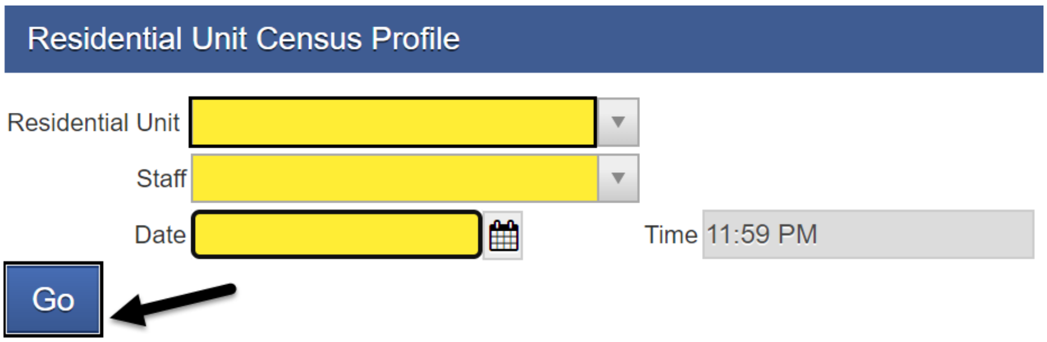
The Residential Unit Census creates bulk encounters for all selected clients that currently occupy a bed. *A daily census must be completed for the previous day*.

Entering Daily Census: To create a daily census from the navigation pane:

Click Residential Unit Mgmt → Residential Unit Census

Click **Add New Daily Census.**

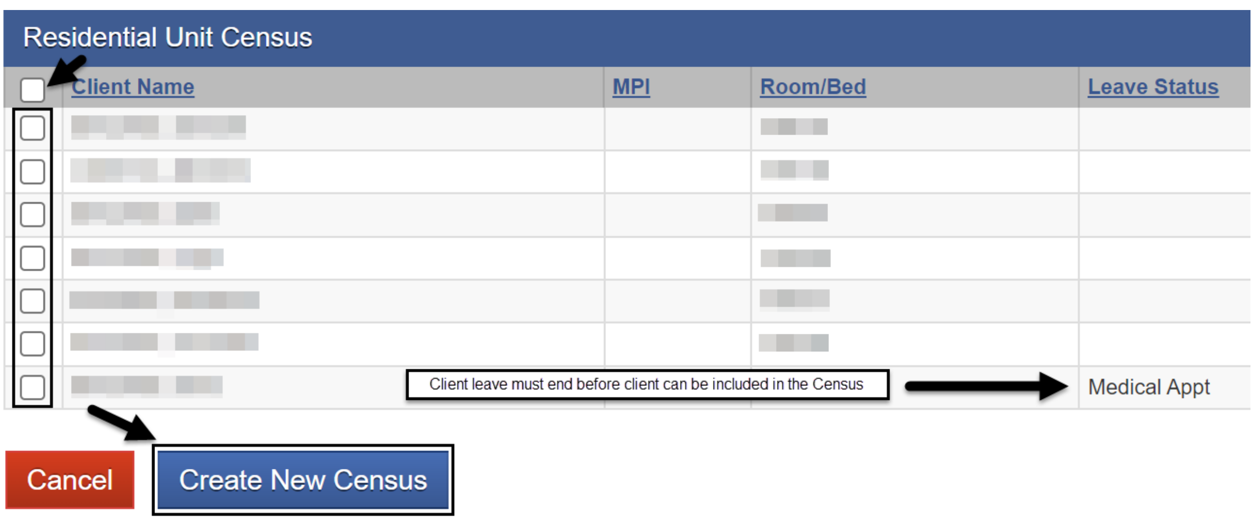
Select the Residential Unit from the drop down menu, select the Rendering Staff and enter the date of your Census and click **GO**. The staff should be a Counselor or LPHA that was present in the Facility the day of the Census



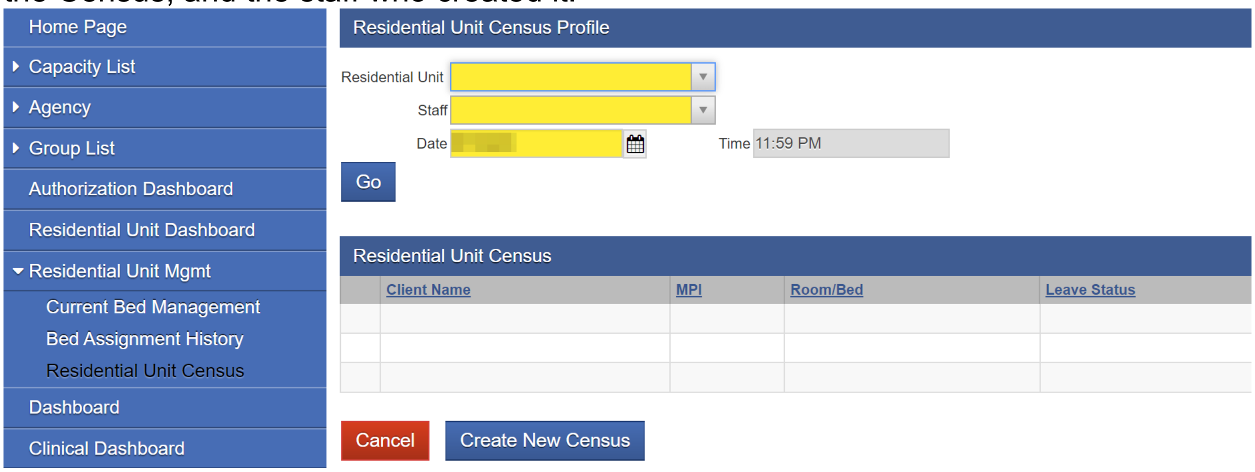
The Residential Unit Census lists all the clients with an open bed assignment. Clients with open leave records should have their leave records ended to be included in the Census. The Census creates an encounter for each person selected.

Click the top box to select all clients, or select clients individually by clicking on the box next to their name.

Click **Create New Census**.



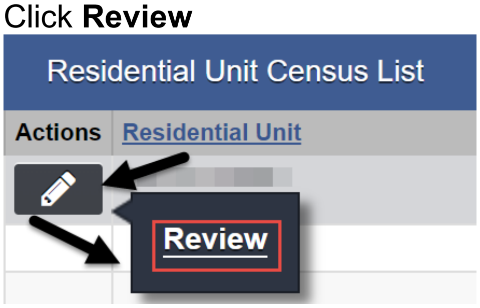
The Residential Unit Census List shows the unit that was selected, the date and time of the Census, and the staff who created it.



Updating an Existing Census

A Census that has already been created can be updated. To update an existing Census, hover over the pen in Action:

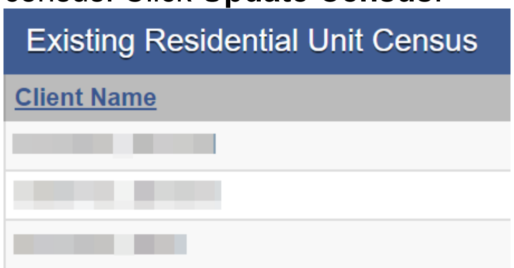
Click **Review**

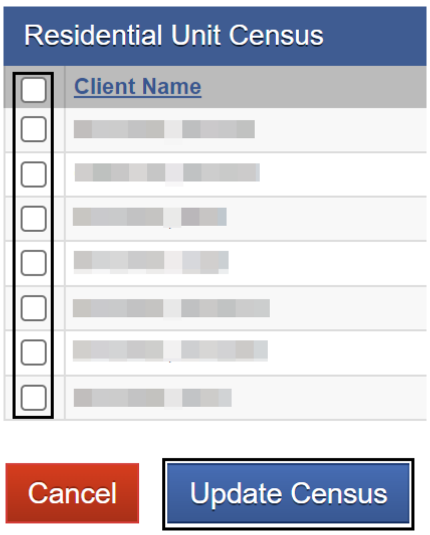


Residential Unit Census: The clients that have open assignments are displayed on the list, including the clients that were selected for the current Census, clients with an existing leave, and any newly added clients.

To update the existing Census with a client that was not originally added, update the **entire** Census. The missing client and all clients that were originally selected will need to be selected again. It is **not enough** to only select the missing client. The Census will update with all newly selected clients.

To update the census, place a **check mark** on all clients who should be included in the census. Click **Update Census**.





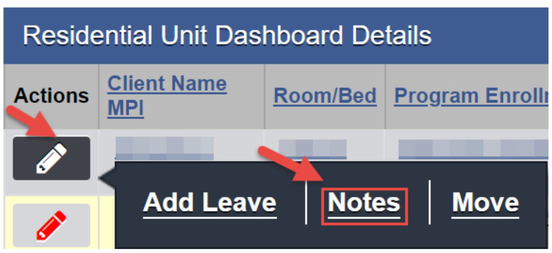
Updating Daily Census Notes (Bed Day Encounters)

After the bulk encounters are created, update the individual client encounters. To update the encounter, from the navigation pane:

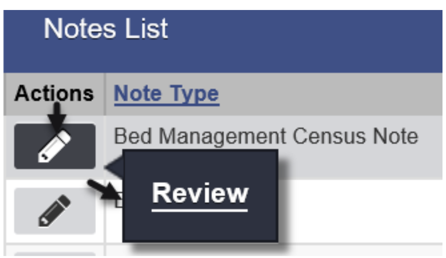
Click Residential Unit Dashboard.

Select the Residential Unit and click **GO**.

Hover over the pen in Actions, and click **Notes** (Notes refers to Encounters).



In the Notes List screen, hover over the pen in Actions, and click **Review**.



Reviewing the Encounter: Review the entire encounter for accuracy.

Rendering Staff: Rendering Staff is pre-populated with the name selected when creating the Census. It should be a Counselor or LPHA that was present in the Facility the day of the Census. The Rendering Staff must have a valid National Provider Identifier

Note Type: Bed Management Census Note is prepopulated and should not be changed unless is a Non-billable service. **Non Billable** should be used only for disallowed services or No Show.

Enc ID: The system generates the Enc ID

Census ID: The system generates the Census ID.

Program Name: Prepopulated with the facility the client was admitted to.

Service: Defaults to the approved level of care (LOC).

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.

Start Date: Defaults to the date of the census that was created.

# of Service Units/Sessions: Defaults to 1. This is accurate.

Contact Type: Defaults to Face to Face, which is correct.

Service Location: Defaults to residential substance abuse treatment facility.

Emergency: If this was treatment rendered on an Emergency basis, click Yes, otherwise, click No.

Visit Type: is prepopulated to BD-Bed Day - Residential

Medi-Cal Billable: Defaults to **No**, which is accurate. Verification goes through Contract Management.

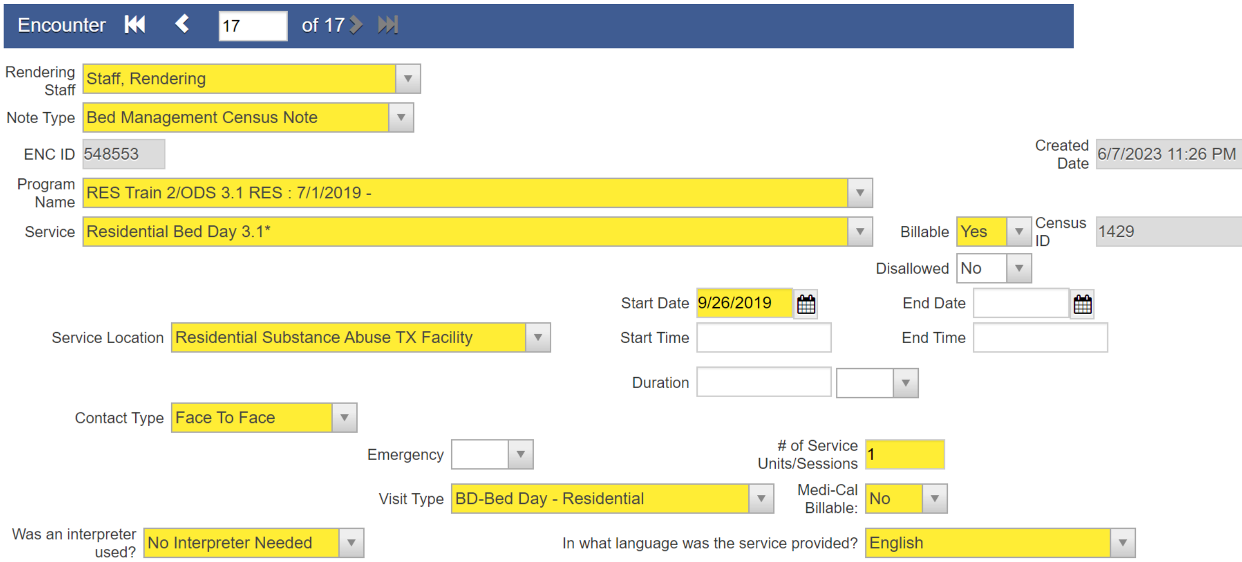
Pregnant/Postpartum: If the field is active, select **Yes** or **No**,

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

Was an Interpreter used?: Review and change if needed.

In what language was the service provided?: Review and change if needed.

Which Evidence Based Practices were used: Defaults to **None. Do not** change the answer because None is correct.



Diagnosis 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.

Release To Billing: Generates a claim.

Review the accuracy of the encounter before clicking **Save** and **Finish**.

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
4) 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.
2) 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:

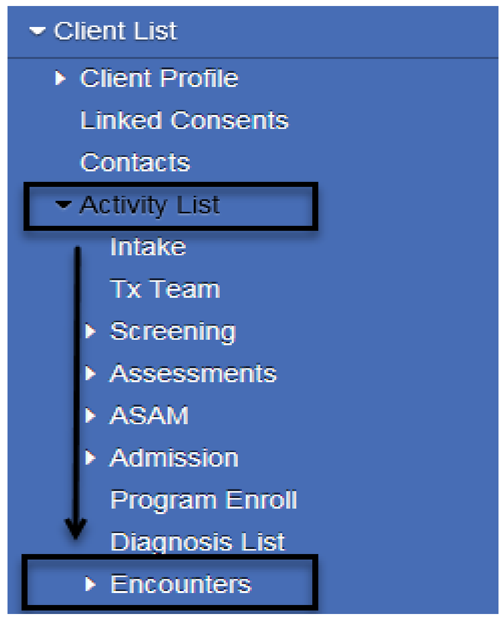
1) Follow the steps to complete the Payment Recovery Process, as noted in the Billing Manual
2) Encounter will be read only except for two fields: ‘Disallowed’ and ‘Disallowance Reason’
3) Edit the two fields:
    a. Disallowed = Yes
    b. Disallowance Reason = Select appropriate reason from drop down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

NOTES

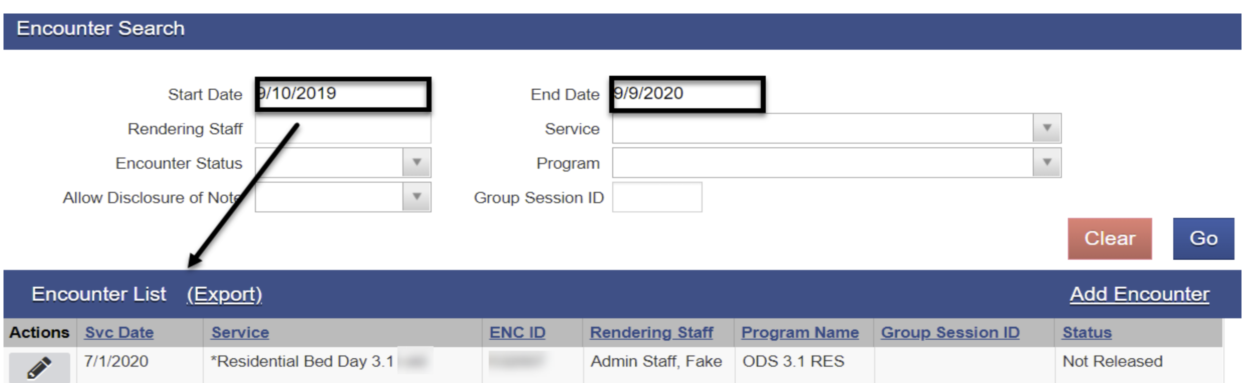
LEVEL OF CARE (LOC) BRIEF SCREENING ENCOUNTERS

Residential bed day (RBD) encounters **must** be created through the Daily Census. However, Level of Care (LOC) Brief Screening service encounters that were provided to residential clients are entered as individual encounters and not through the daily census. Level of Care (LOC) Brief Screening encounters do not require a separate authorization and must be entered into the system, regardless if billable or not. To search or enter an encounter, from the Client List navigation pane:

Click Activity List → Encounters

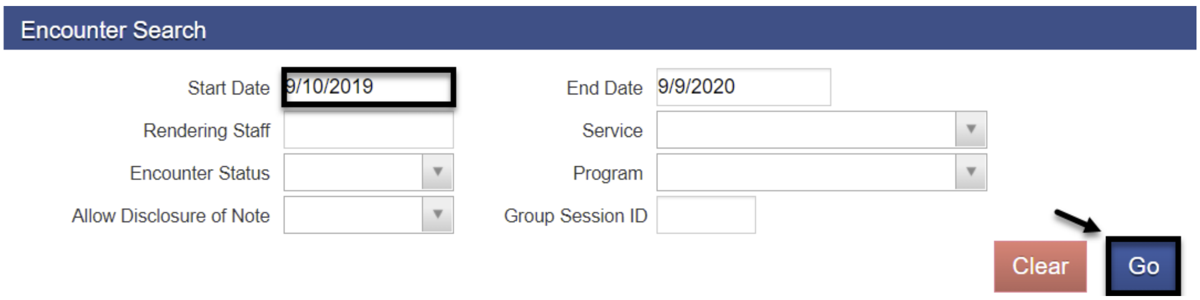


The Encounter Search and Encounter List sections are for searching and viewing of previously entered encounters. The system displays recent encounters up to one year.

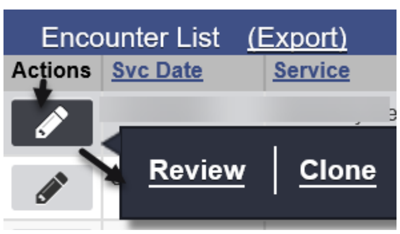


Searching for a Previously Entered Encounter

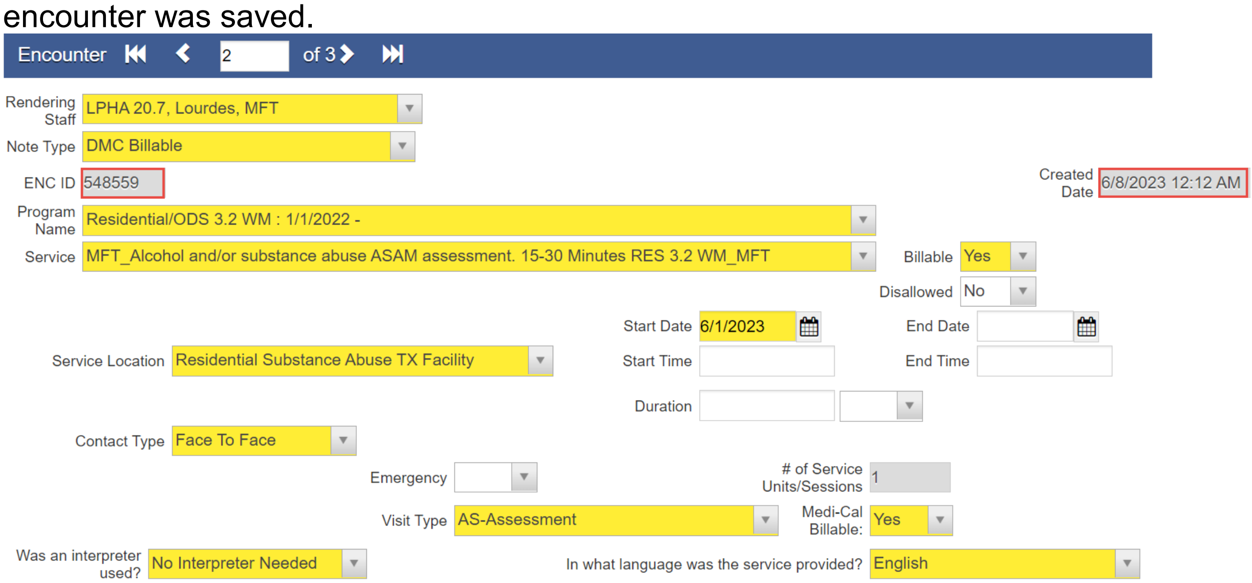
Even though the default lookback date for encounters is one year, a staff can view older service dates. To search for an encounter, adjust the start date and click **GO**.



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 were generated by the system when the encounter was saved.



Adding an Encounter

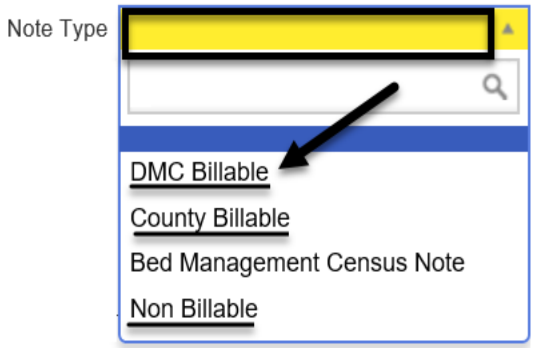
To add an encounter from the Activity List menu, click **Encounters**.

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.

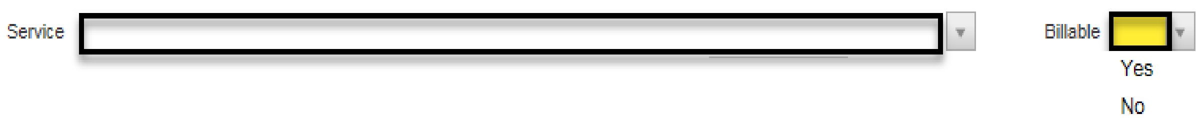
Rendering Staff: This field is required. Select the appropriate staff who rendered the service. The rendering staff must have a valid National Provider Identifier (NPI). The selection of the Rendering Staff influences what values are available in the Service field.

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. For training purposes select Level of Care (LOC) Brief Screening

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. Please refer to page 34.

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

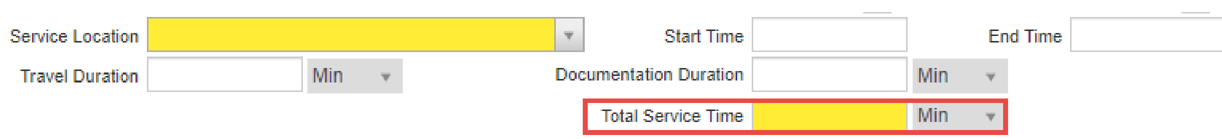
Service Location: Select from the options based on the type of facility or location of service. The service location dropdown will be filtered by the locations allowed for the service selected. If Telehealth is selected as the service location, Telehealth should also be selected as the contact type.

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

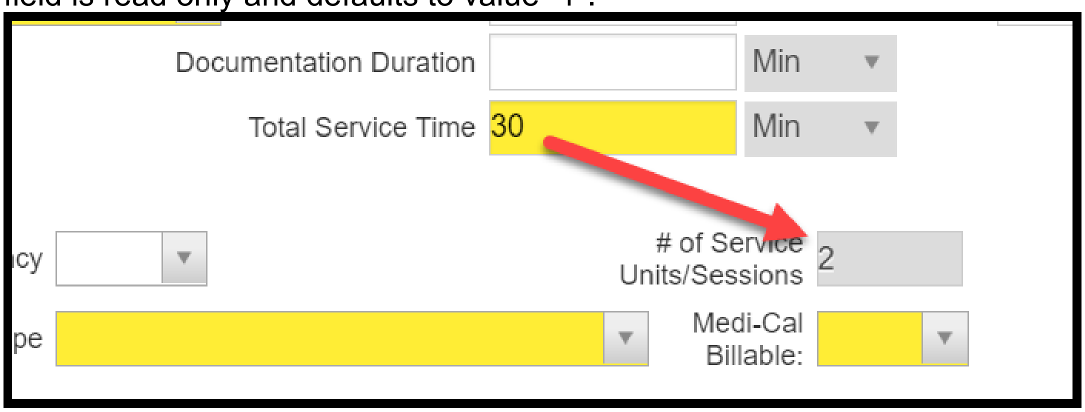
Travel Duration: Enter the clinician's travel time in minutes. If there is no travel time, enter zero (0). This field is optional. should not be included in the total service time.

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.

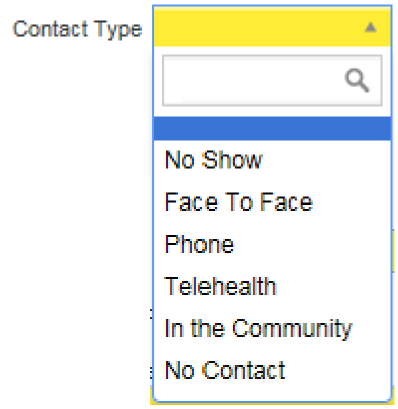
Total Service Time: This field is required and should be entered manually reflecting the direct service time with the client. This field should reflect the exact direct/session time with the client. Travel and/or documentation time should not be included in the total service time.



For duration-based 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 unit-based 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.



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.

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**.

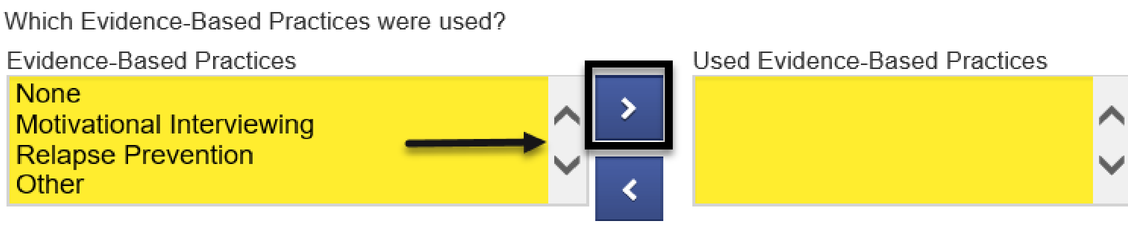
Pregnant/Postpartum: If the field is active, select **Yes** or **No**,

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.



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.

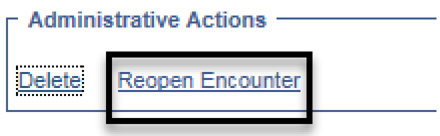
Click **Save**.

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.

If one of the administrative actions is selected, the system closes the encounter screen. If none of the administrative actions is selected, click **Finish** to go back to the main encounters page.

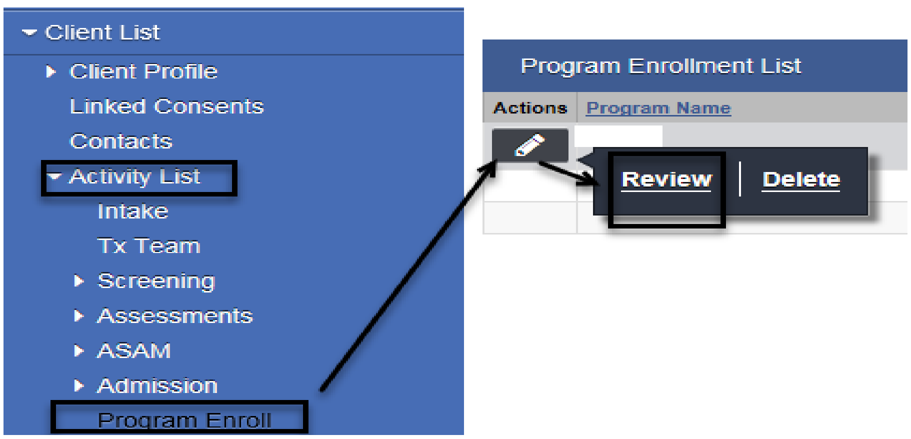
NOTES

ENDING PROGRAM ENROLLMENT

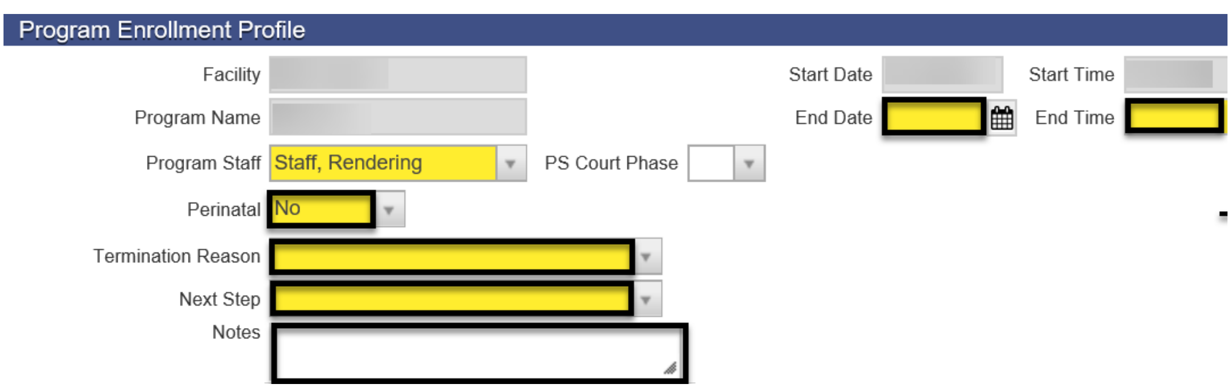
After the client completes the treatment, the client should be discharged, and the program enrollment ended.

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 and time of discharge on the **End Date** and **End Time** fields. Select a **Termination Reason** and **Next Step. Notes** are optional where comments can be entered as needed.



Click **Save** and **Finish**.

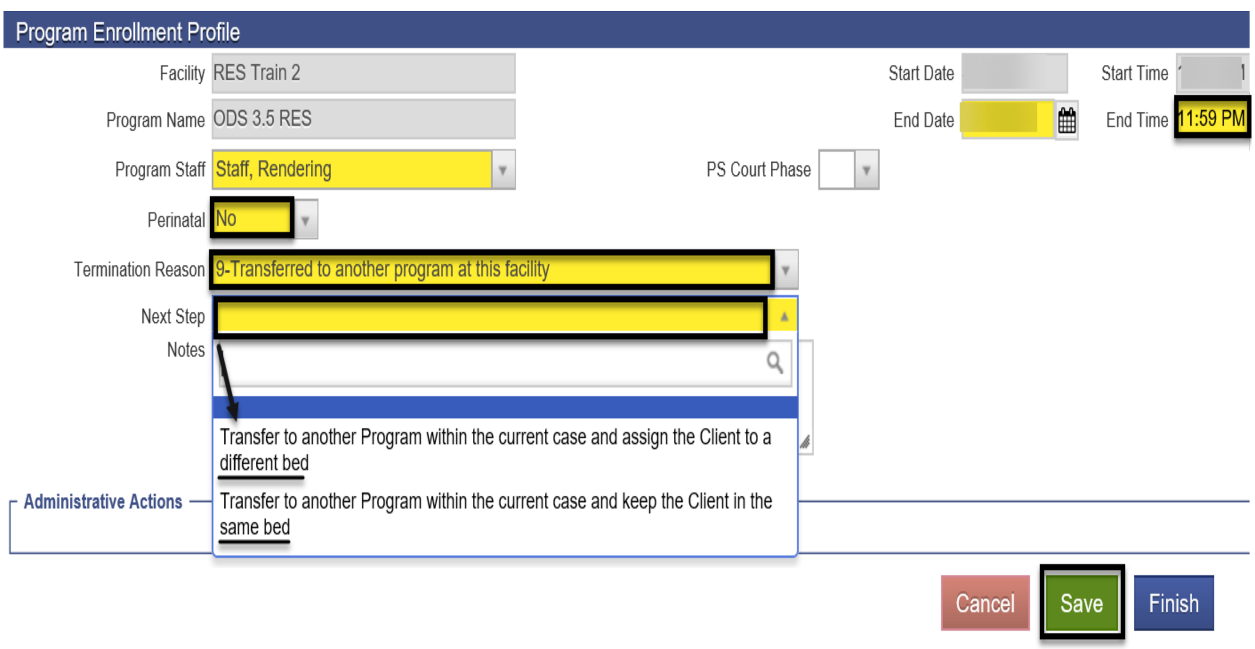
Changing Level of Care (LOC)

1) If a client changes LOC from Residential **3.2 WM** to Residential Service **3.1/3.5** or vice versa, end the program enrollment, complete the Discharge, and close the treatment episode. After closing the case, open a program enrollment for the new LOC under a **new episode**. To open a new treatment episode, refer to the Intake and Episode Section of the Intro to Admin Functions Training Manual.

2) If a client changes LOC from Residential Service **3.1** to Residential Service **3.5** or vice versa, there **must** be an updated ASAM, authorization, and a new program enrollment. Close the existing program enrollment first before opening a program enrollment for the new LOC within the **same episode**.

   Example: A client changes LOC from Residential Service 3.1 to Residential Service 3.5. Close the ODS 3.1 RES program enrollment on the date of LOC change.

   End Date: Enter the last date of the existing LOC.
   End Time: Enter **11:59 PM.**
   Termination Reason: Select **9 Transferred to another program at this facility.**
   Next Step: When changing LOC, there are two options for the next step: Assign the client to a different bed or keep the client in the same bed. Select one of the options and click **Save**.

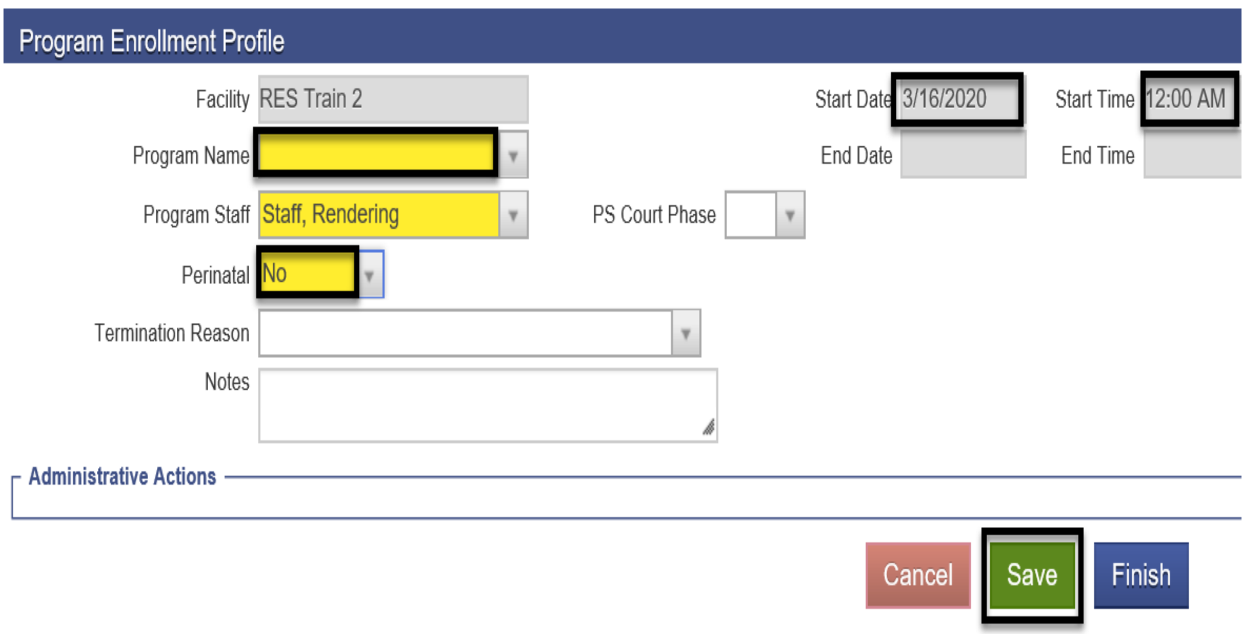


A) Assign the client to a different bed: When selecting the option to assign the client to a different bed, the program enrollment window re-opens to enroll the client to the new program.

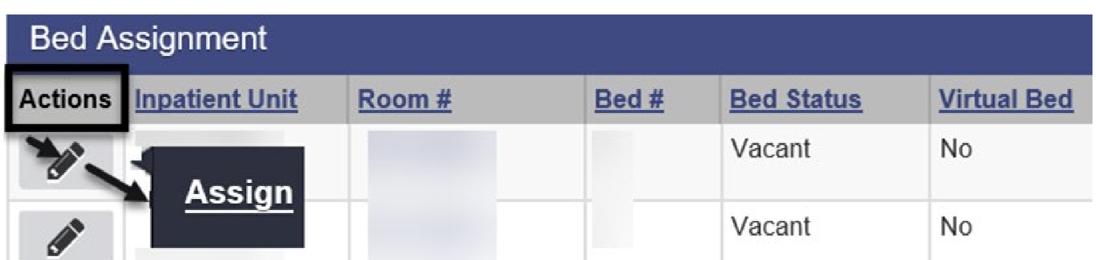
The Start Date and Start Time prepopulated with **one (1) minute** added to the End Date/**End Time** of the previous LOC.

It is important to end the previous LOC's program enrollment at **11:59 PM**, so that the new LOC program enrollment **Start Time** is at **12:00 AM** the following day.

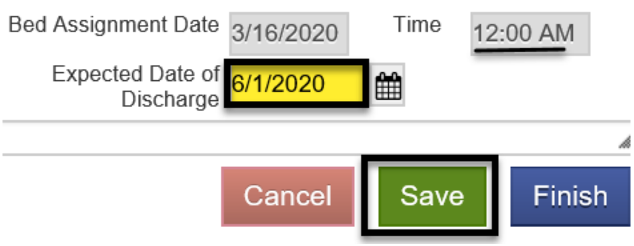
Select the program name for the new LOC, and click **Save**.



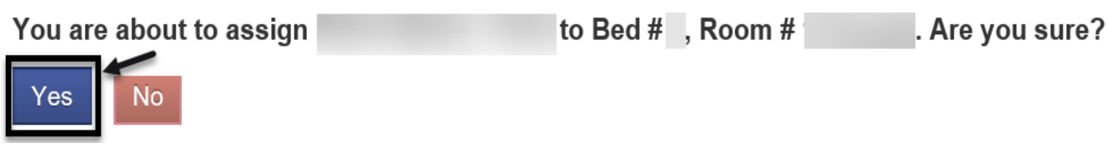
The Bed Assignment screen immediately launches. To assign the client to a different bed, hover over the pen for the selected bed for the client, and click **Assign**.



In the bed details window, enter the expected date of discharge, and click **Save**.



On the confirmation screen, click **Yes** to confirm the new bed assignment of the client.

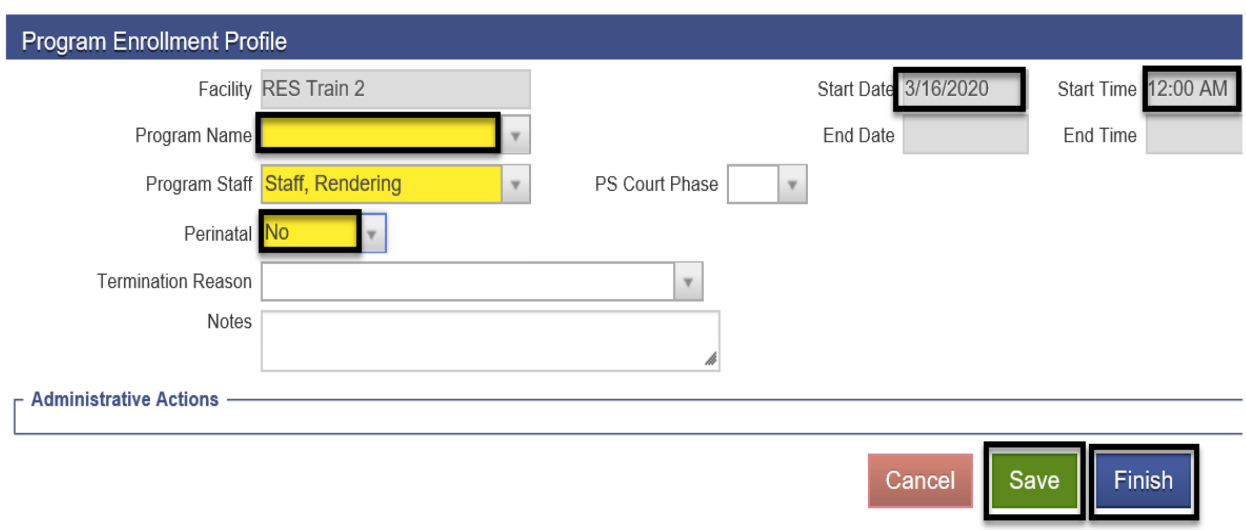


B) Keep the client in the same bed: When selecting the option to keep the client in the same bed, the program enrollment window re-opens to enroll the client to the new program.

The Start Date and Start Time prepopulated with **one (1) minute added** to the End Date/**End Time** of the previous LOC.

It is important to end the previous LOC's program enrollment at **11:59 PM**, so that the new LOC program enrollment **Start Time** is at **12:00 AM** the following day.

Select the program name for the new LOC. Click **Save** and **Finish**.

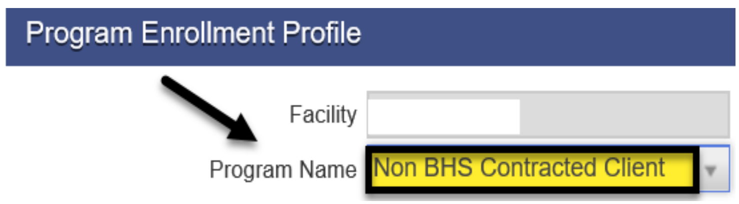


Non-BHS Contracted Clients

All Non-BHS contracted clients should have a program enrollment, but **NO** encounters should be created in SanWITS. This program enrollment for a Non BHS Contracted client is not linked to bed assignment but is used only 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**.



NOTES

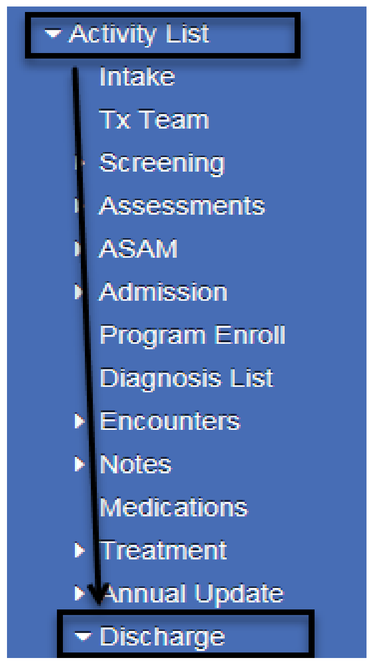
DISCHARGE

***Note**: A program enrollment __must__ be ended prior to completing a client discharge.*

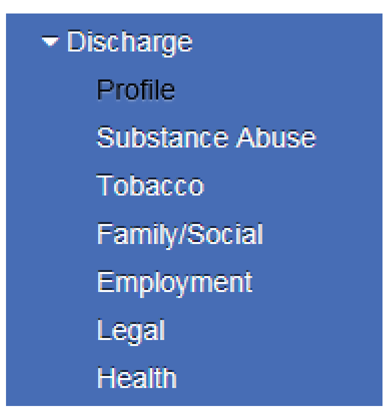
If there is any change in LOC, client leave, or bed movement, these activities must be recorded in chronological order and must be completed before discharging the client.

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

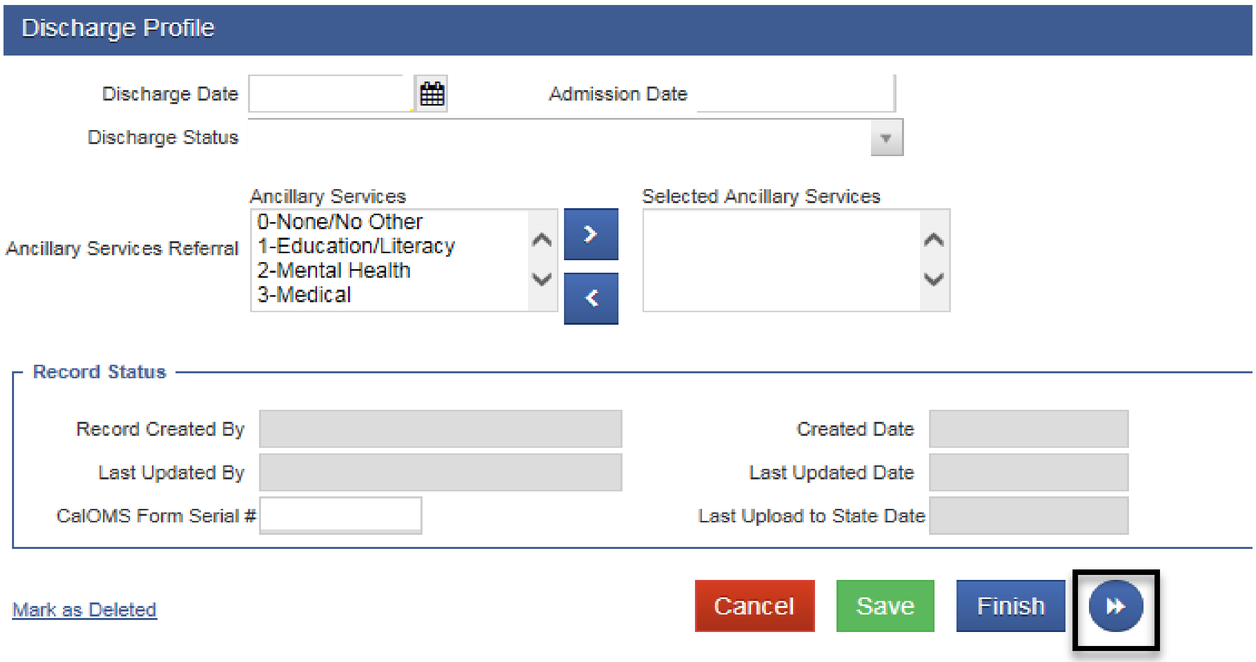
Click Activity List → Discharge



The majority of the screens are the same as the admission and annual update screens.



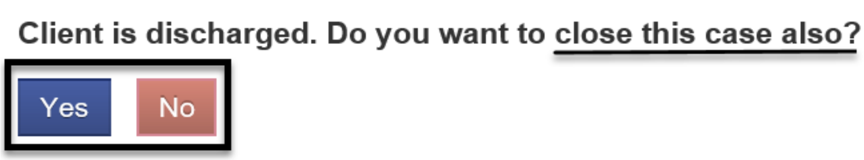
Complete the Discharge Profile screen and click the **right arrow** button.



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**.



***Notes: 1)** Complete a Discharge record when the level of care (LOC) is changed from Residential Service 3.1/3.5 to IOS or Recovery Services. **2)** Complete a Discharge record when changing LOC from Residential 3.2 WM to Residential Service 3.1/3.5 and vice versa. After a Discharge record is completed, open a new episode for the new level of care. **3**) After a Discharge record is completed and the client returns to the program, open a new episode for the re-admission, even if the LOC is the same as the prior admission.*

Recovery Services

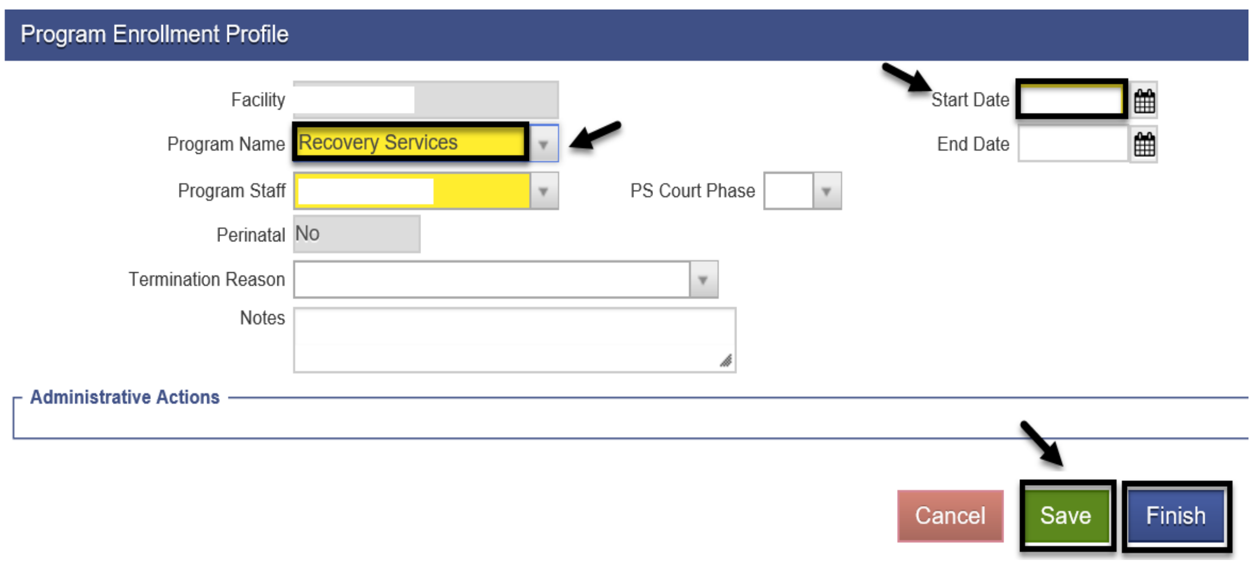
If a client who has completed treatment is discharged and then receives recovery services, open a program enrollment for recovery services within the same treatment episode. *An authorization is not required for recovery services*.

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**.



NOTES

GROUP LIST

***Notes**: **1**) The Group List **<u>must</u>** be used to create **bulk** encounters for individuals who attended a group session for **Recovery Services and/or BH Prevention Education Services/Peer**. **2**) If a Non-BHS Contracted Client attended a group session, mark the client as present but do **<u>not</u>** create an encounter. **3**) **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.

To ensure that services which were delivered in a group session are calculated with the appropriate claim charge amount, a group profile must be used to create bulk encounters for individual participants of the group.

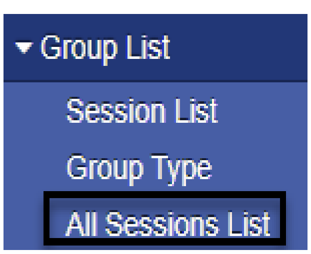
Searching a Group Profile

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

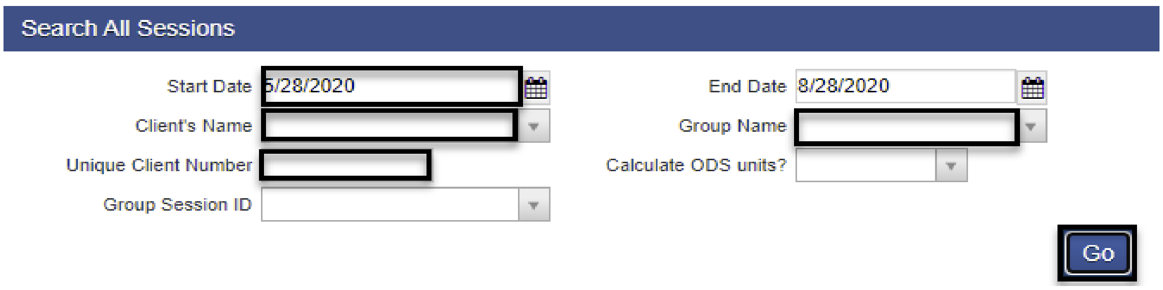
Click **Group List**.

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**.

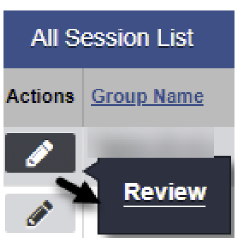


The prepopulated start date is three months from current date. Enter the client's name or UCN to search all group sessions attended by the client. Enter the group name to search all group sessions conducted under that group. Click **GO**.

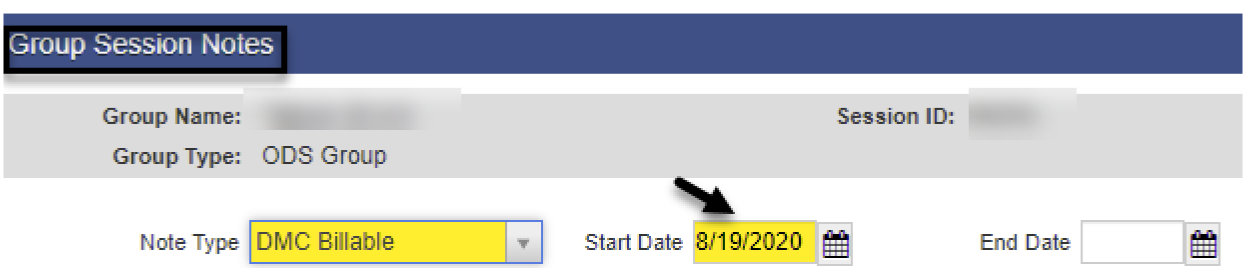


Depending on the search parameters chosen, the All Session List displays all the sessions for the group or the client. The columns are the same, but the results will be different.

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

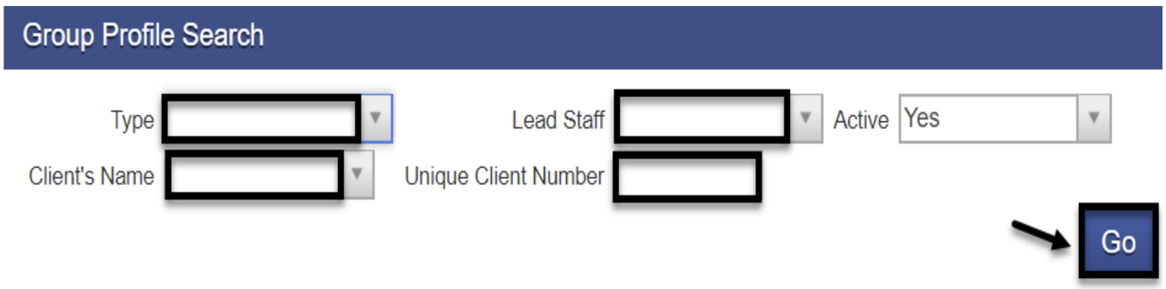


The system launches the group session notes.

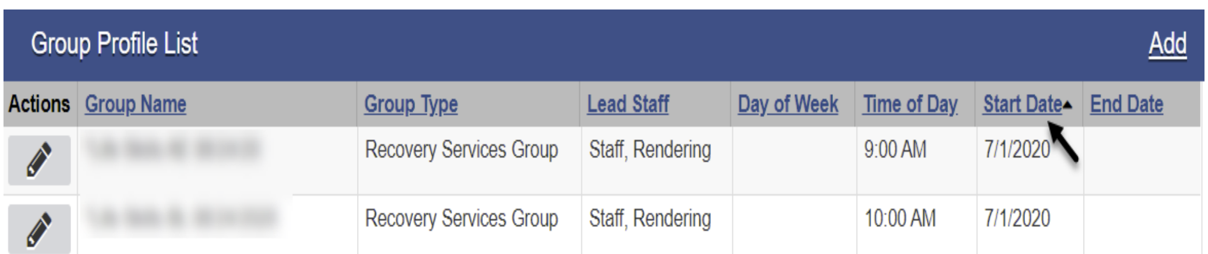


B. Group Profile Search. This path allows a user to view all group profiles and also create bulk encounters.

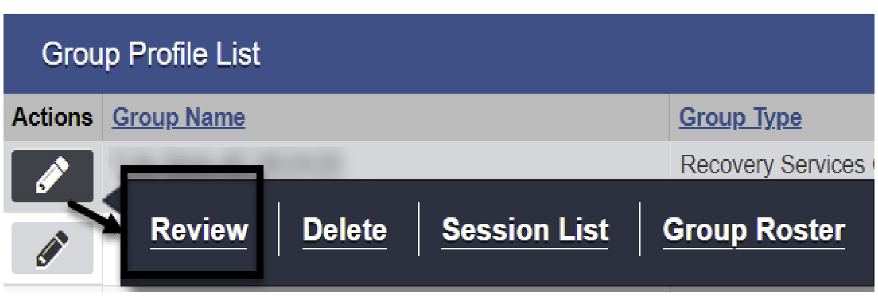
In the Group Profile Search section, enter the client's name or the client's unique client number (UCN). You can also search by group type or lead staff. After completing the search parameters, click **GO**.



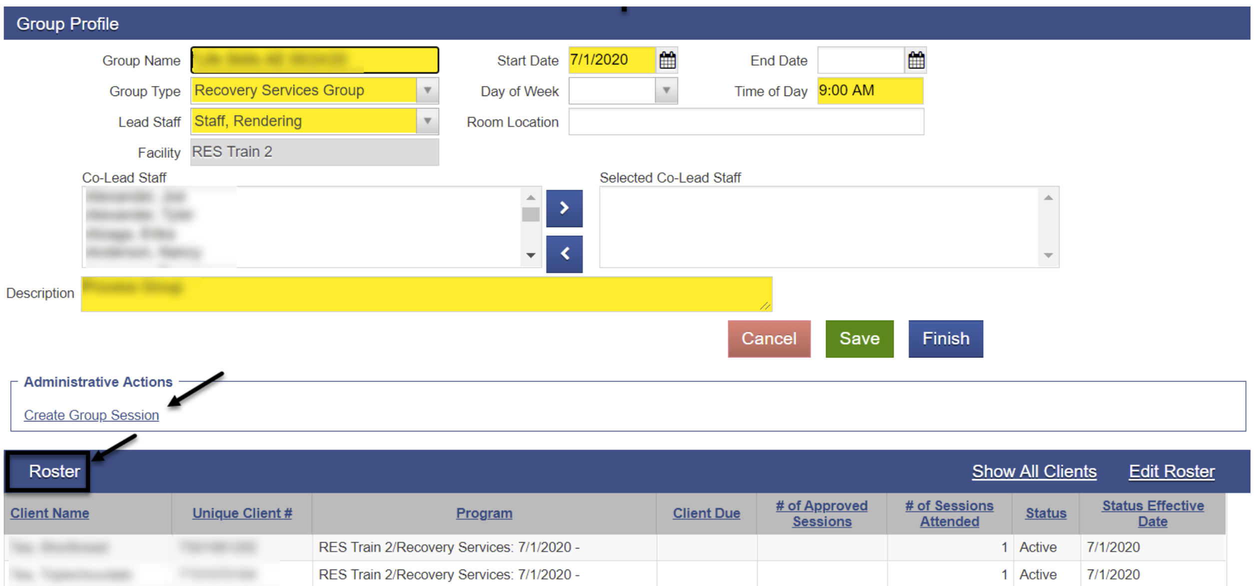
The system displays a list of group profiles in the agency. The group list defaults to the group with the oldest start date displayed at the top. Double click on the Start Date title to sort the group with the most recent start date at the top. You can also click on any of the column headers to sort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



NOTES

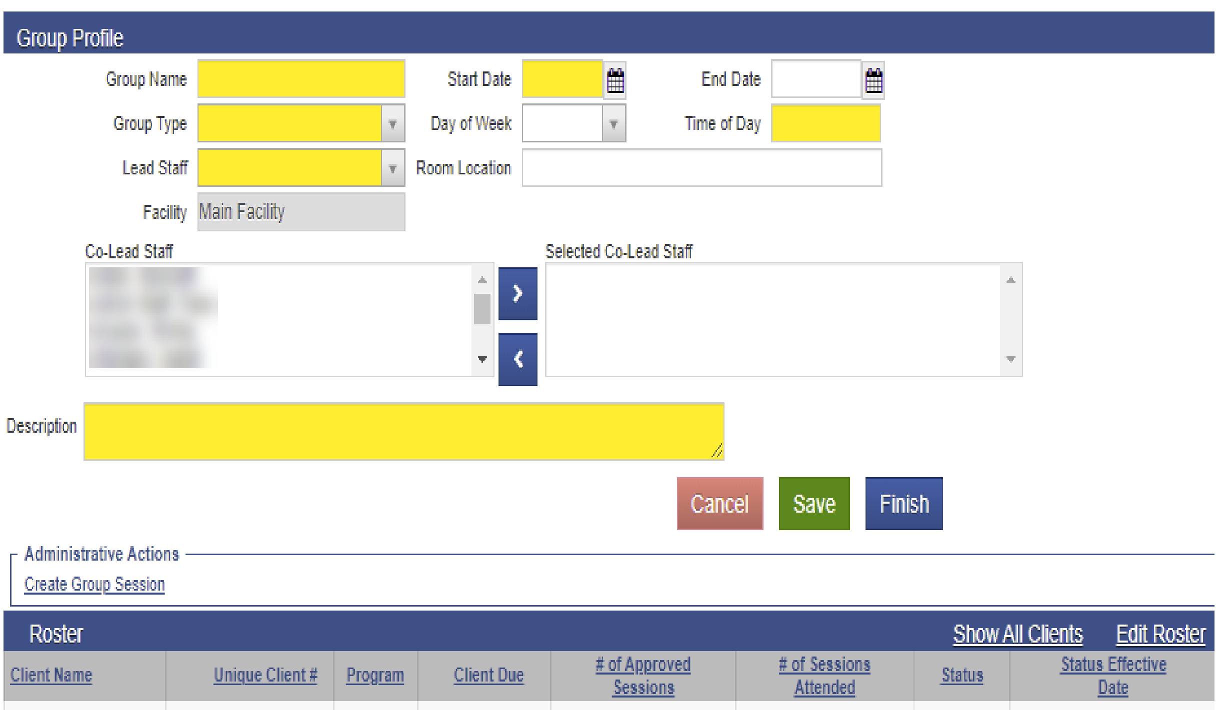
Adding a Group Profile

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:

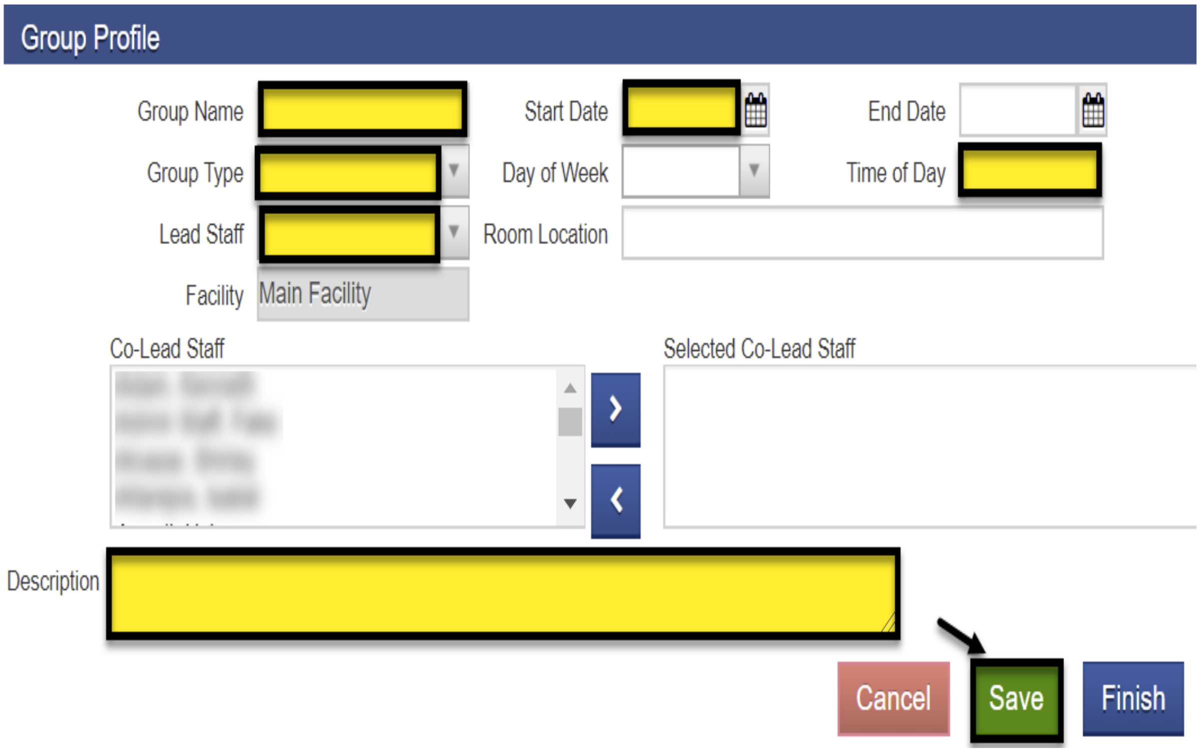
Click **Group List**.

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.



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



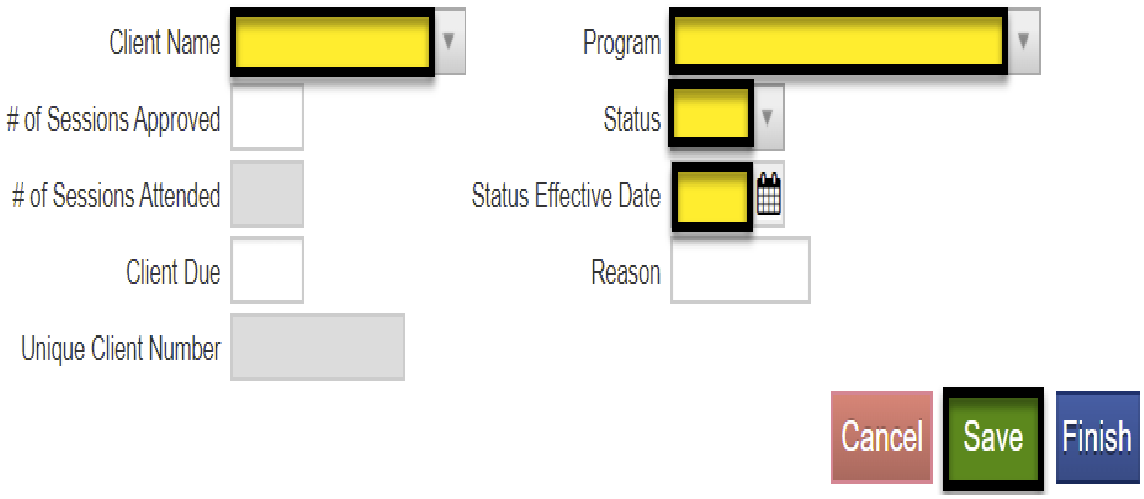
Creating a Roster

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.

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.

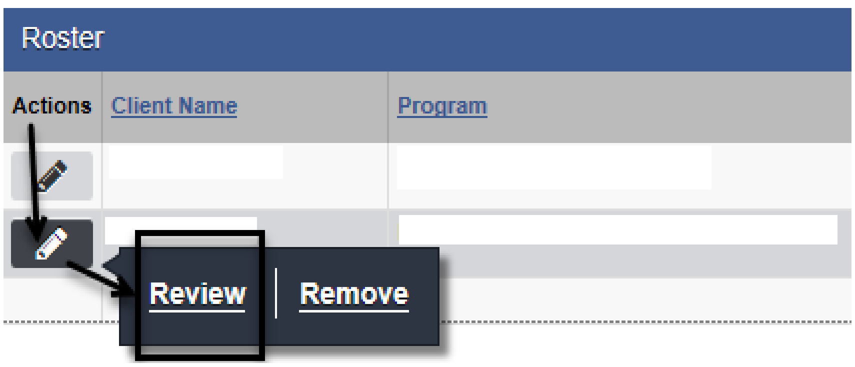
After all members have been added to the group, click **Finish**.

NOTES

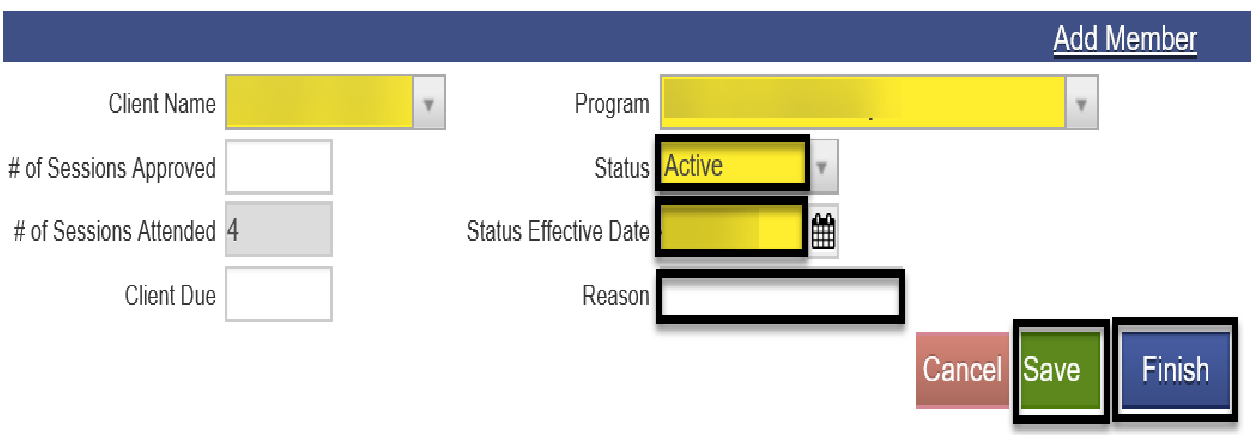
Updating a Client Status

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

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



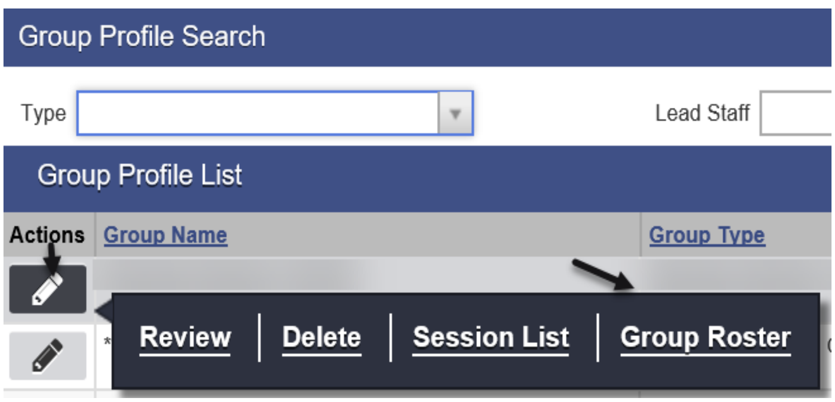
Change the status by clicking on the dropdown menu. Complete the status effective date and reason fields. Click **Save** and **Finish**.



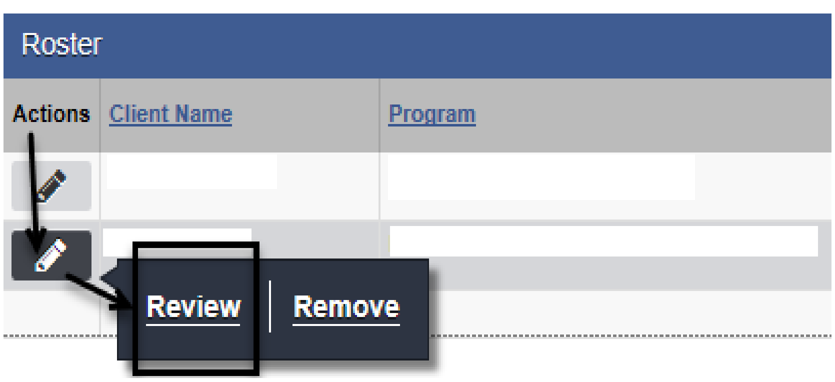
If the group profile window is not open and you want to update the status of a client member from the navigation pane:

Click **Group List**.

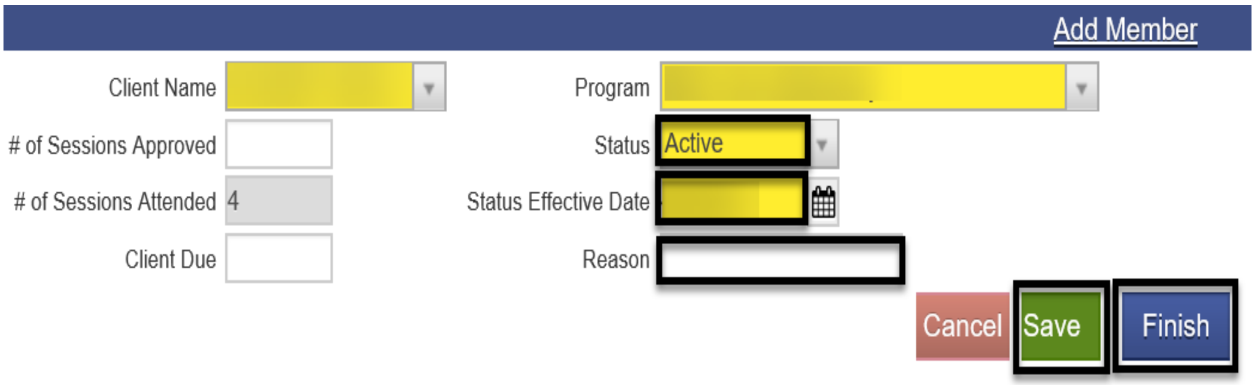
Search for the group profile and select the group profile from the list that displayed in the group profile window. Hover over the pen in Actions and click **Group Roster**.



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**.



NOTES

GROUP BULK ENCOUNTERS

A) Creating Group Session Notes (Encounters)

Group recovery services billing 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.

Session Duration: Enter the group session duration in minutes.

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

Location: Select Residential SUD TX Facility.

Service: The service should be selected based on the lead staff's discipline and the group type

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

Click **Save.**

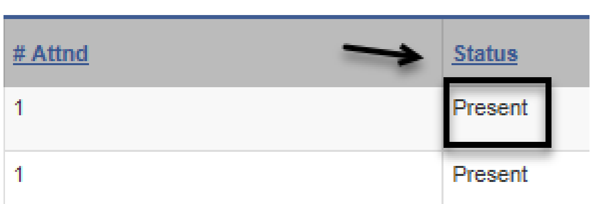
Proceed to the bottom of the Group Session Notes for the next steps in creating bulk encounters.

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:

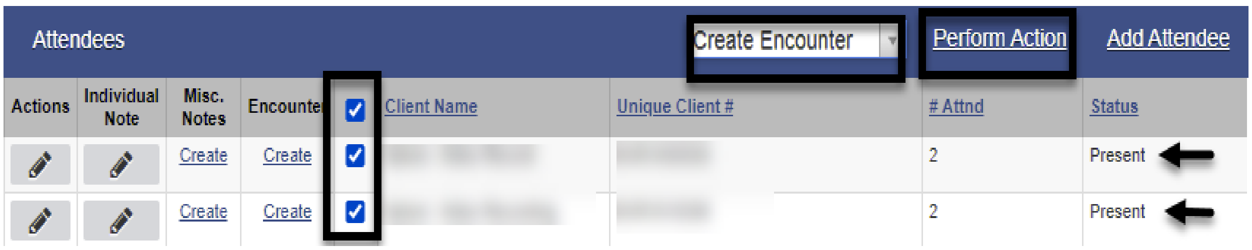
1. Place a **check mark** next to the client's name
2. Select **Mark as Present** from the drop down menu
3. Click **Perform Action**

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

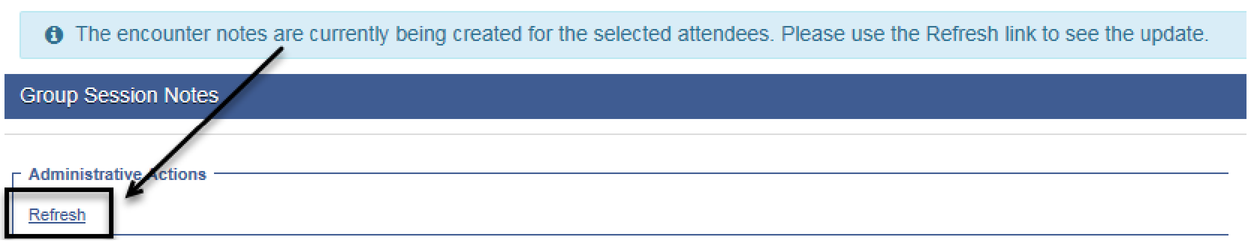


To continue creating the bulk encounters, perform the following three (3) steps.

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

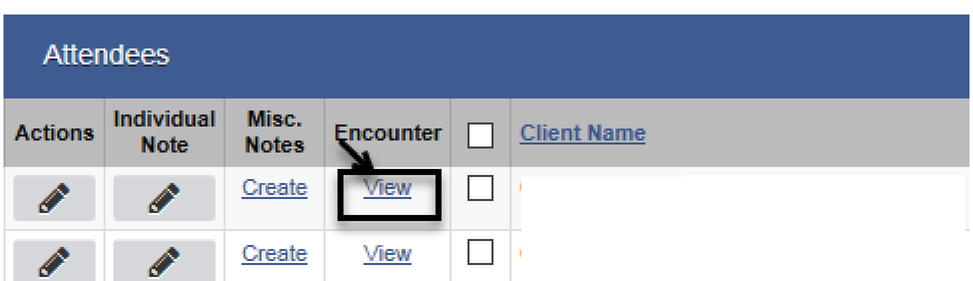


Above the Group Session Notes, a message that encounter notes are being created displays. Below the Administrative Actions, click **Refresh**. Keep clicking **Refresh** until the Refresh link clears and no longer displays.



C) Updating Individualized Encounters

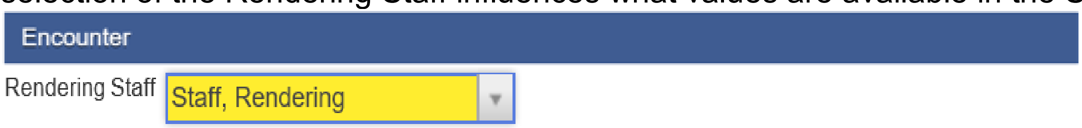
When the bulk encounters are created, the Encounter column populates with the View link. Each encounter must be viewed and updated in order to complete all the individual encounters. Click **View** to open the encounter.



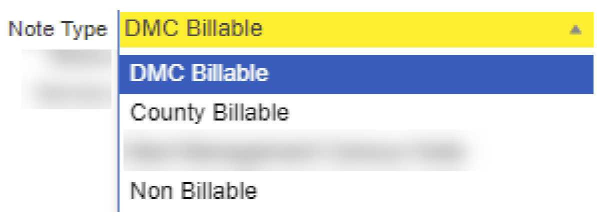
Review and modify each individual encounter for accuracy.

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.

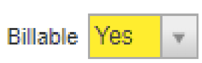
Rendering Staff: The Rendering Staff field is prepopulated from the Group Session note from the Lead Staff field and should show the name of the counselor who rendered the service. The rendering staff must have a valid National Provider Identifier (NPI). The selection of the Rendering Staff influences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



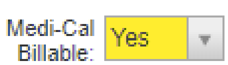
Note Type: This field is prepopulated from the group session notes and should be individualized. If client has Medi-Cal eligibility, select DMC billable. If it's County, select County Billable. Select Non Billable for disallowed services or no show.



Billable: Select **Yes**, except for Non Billable services.



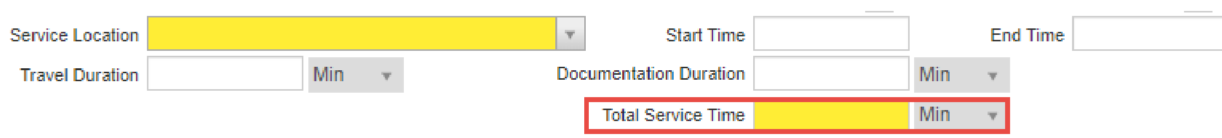
Medi-Cal Billable: If DMC, select **Yes**. If County billable, select **No.** .



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.

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.

Total Service Time: The Total Service Time 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.



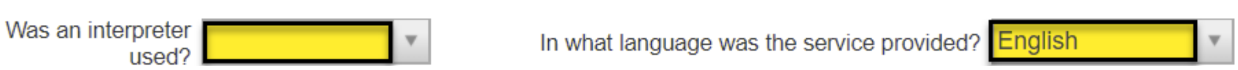
Contact Type: Select one from the dropdown menu. If telehealth is selected, telehealth should also be selected as the service location.

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

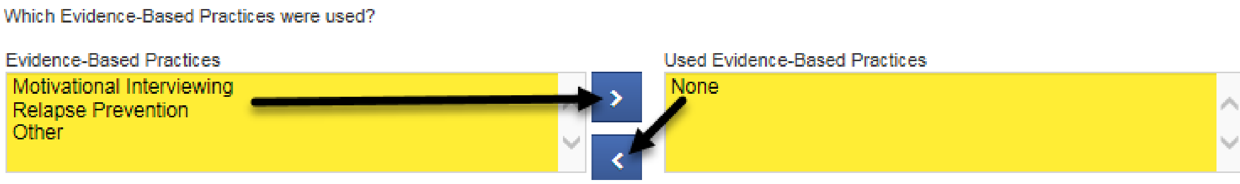
If the client is male, the Pregnant/Postpartum field is hidden.
If the client is female, the facility is perinatal certified, and yes was selected in the perinatal indicator of the program enrollment, the field defaults to Yes and is read only.
If the client is female and the facility is not perinatal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

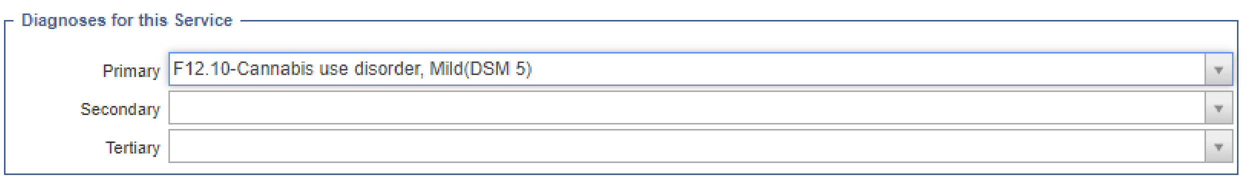
In what language was the service provided? The language is prepopulated from the client profile screen and should be modified if the language used in the session is different.



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.



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.**

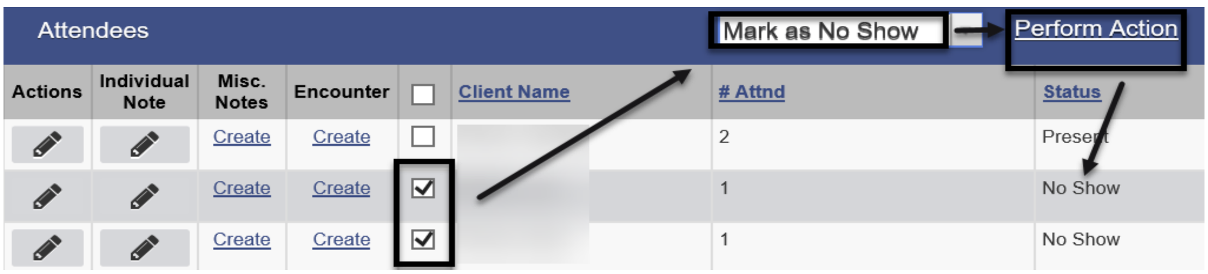
Repeat the same process for all encounters included in the group bulk encounters to ensure all encounters are reviewed for accuracy before releasing to billing.

<u>NOTES</u>

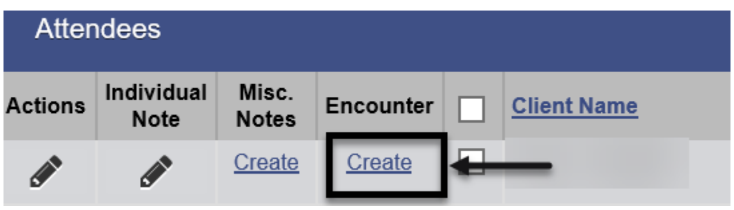
CREATING ENCOUNTERS FOR NO SHOWS

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

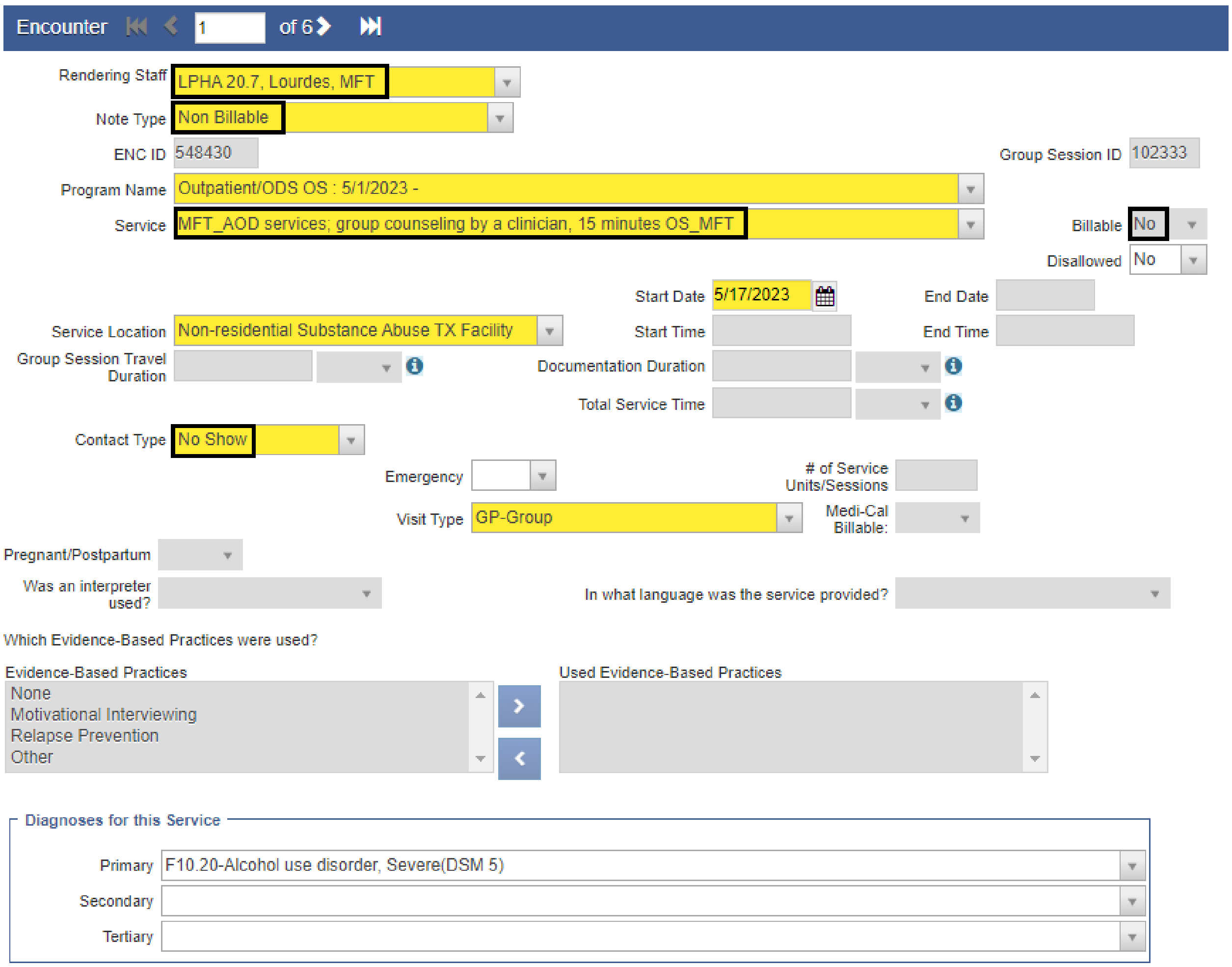
For the group members who were scheduled to the group session and were **No Show**, select the names of the attendees, then on the drop down menu to the right select **"Mark as No Show"** and click **Perform Action**.



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



The encounter screen launches with only a few fields available for updating.



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.

Visit Type: Select GP-Group.

The Billable field prepopulated with No and is read only. The Contact Type field prepopulated with No Show. Do not change it as this is accurate.

After completing the encounter, click **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".*

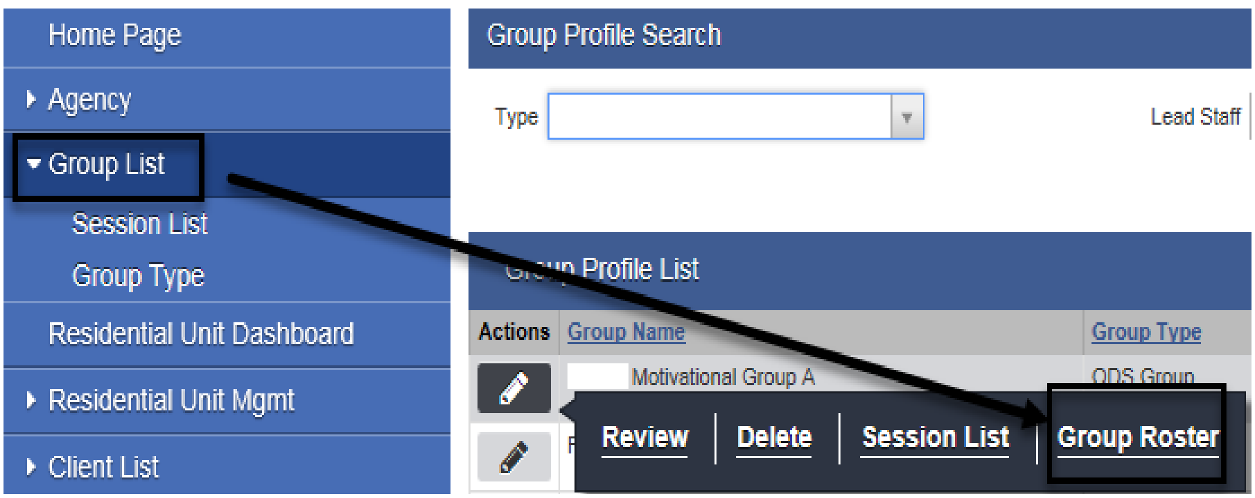
NOTES

ADDING A NEW CLIENT TO AN EXISTING GROUP LIST

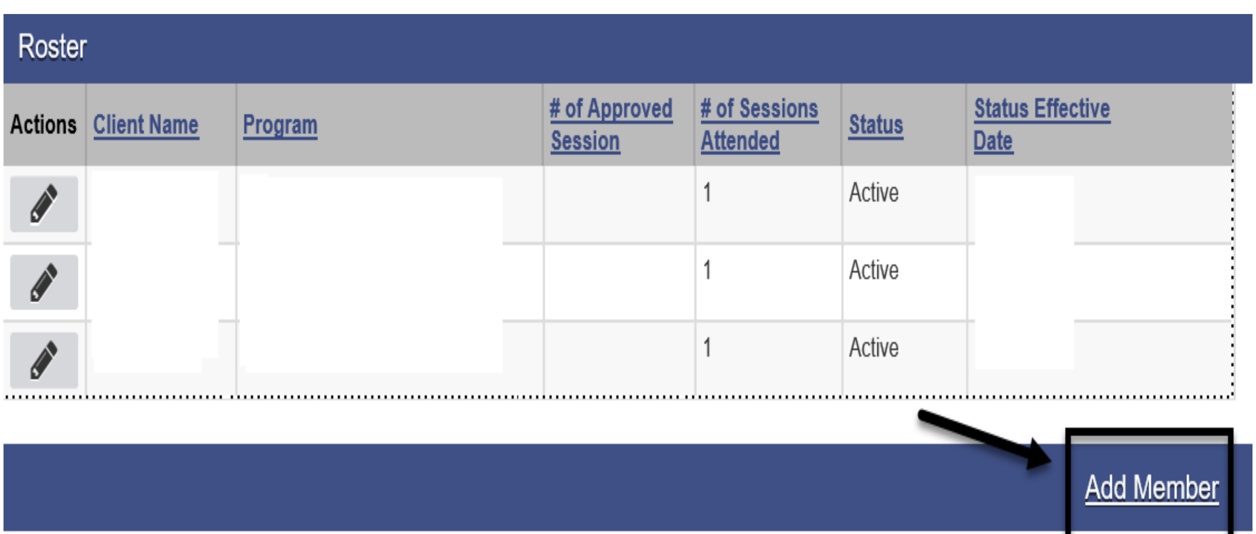
Note: *Make sure the other encounters for the other group attendees have not been released before creating an encounter for the new client.*

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**.

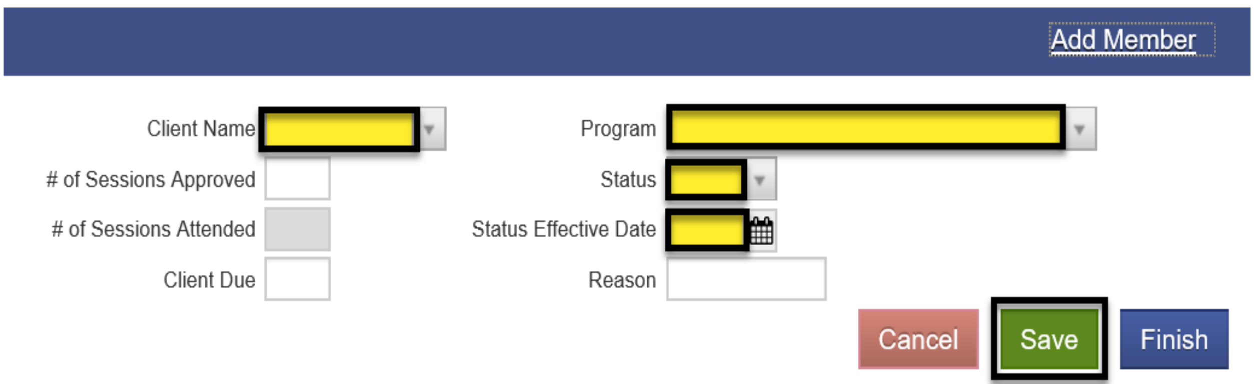


In the Roster screen, click **Add Member.**



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**.

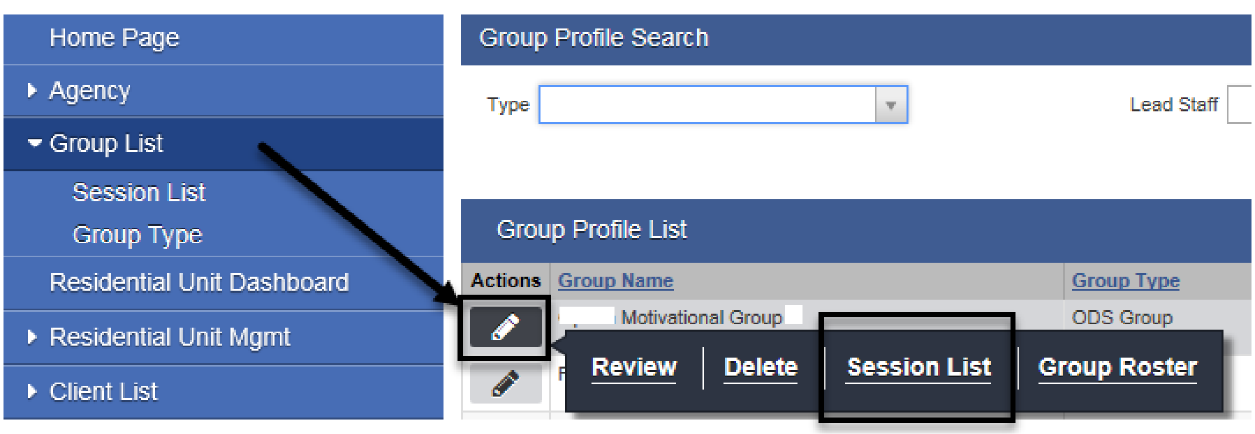


Click **Finish**.

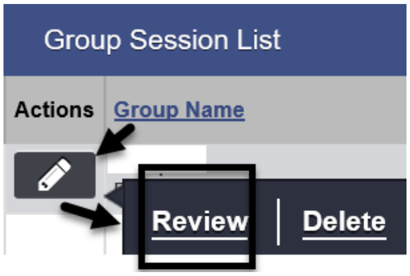
<u>Do not</u> manually create an individual encounter for the new client who attended the existing group.

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

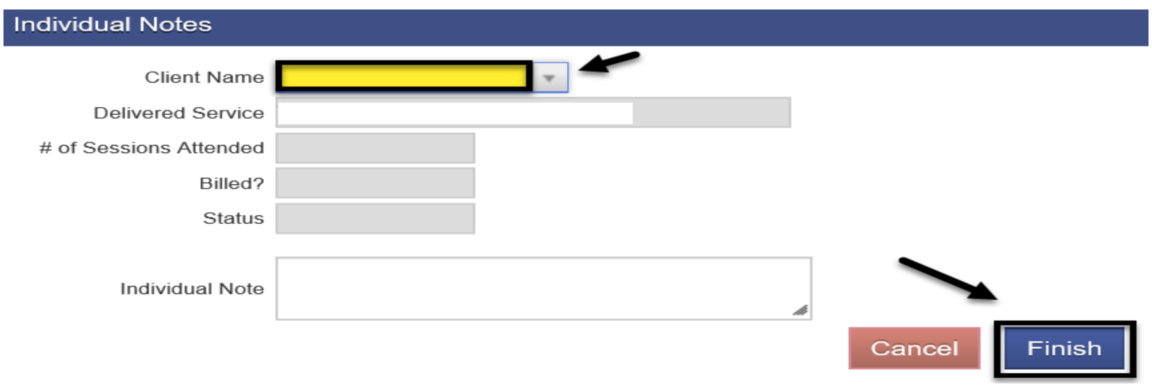


At the Group Session List, hover over the pen in Actions, and click **Review**.



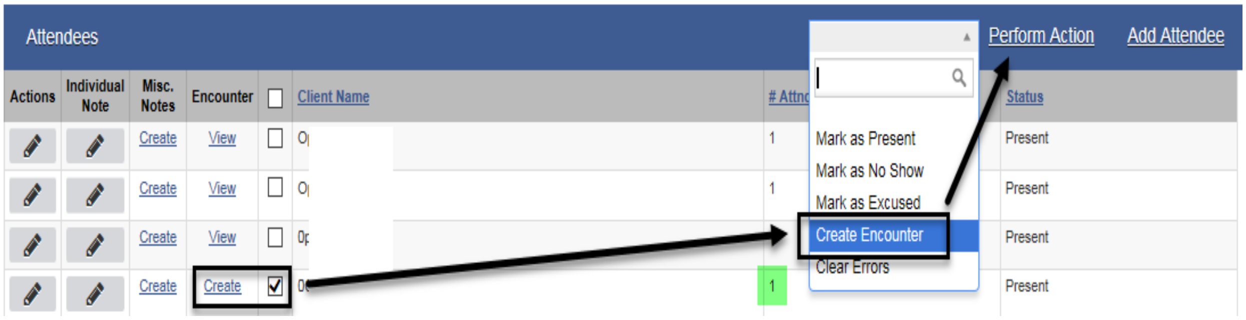
The system opens the existing bulk encounters created for the group session. Click **Add Attendee** to add the new client to the group session.

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

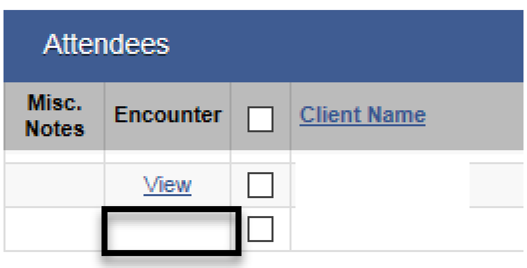


The Attendees screen displays the client's name in the Client Name column and the Create link in the Encounter column. Place a **check mark** on the box next to the client's name. Select **Mark as Present** and **Perform Action**.

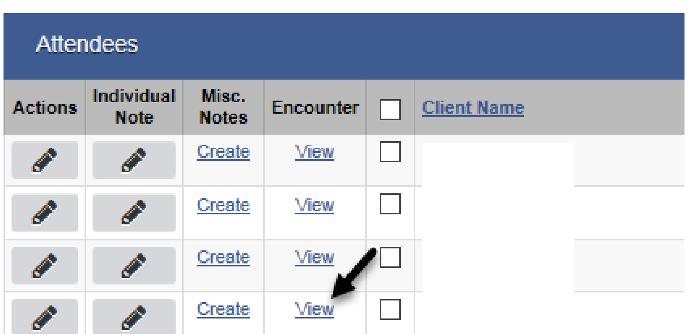
Place a **check mark** again on the box next to the client's name. Select **Create Encounter** and **Perform Action**.



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



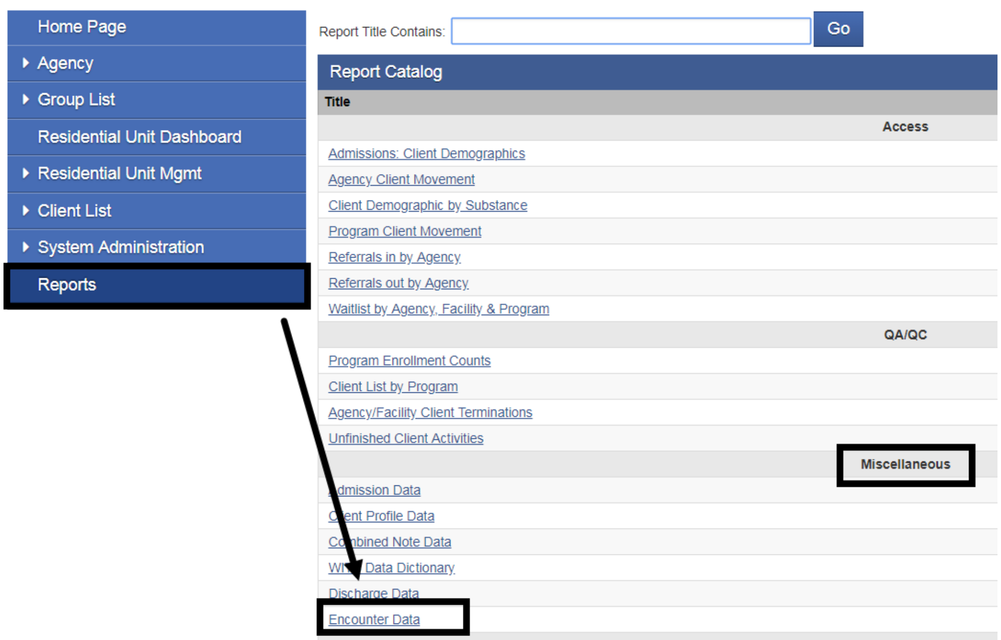
The View link indicates an encounter has been created for the added attendee. Click **View** to review the encounter.

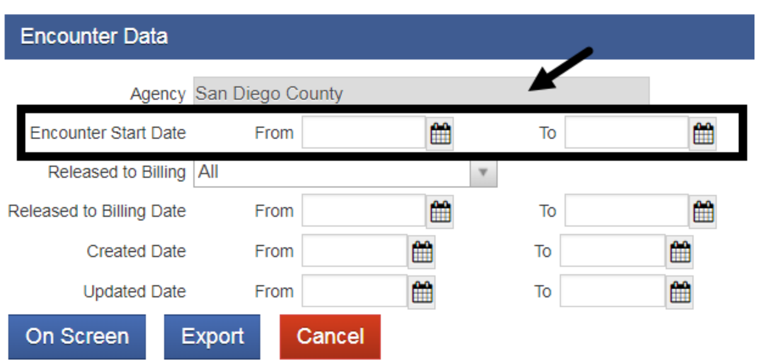


Review and update the note type, documentation, start/end times, EBP and rendering staff. Remember to save the updated information before releasing to billing.

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
ODS	Organized Delivery System
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.