

PC 1000 SUD TREATMENT TRACK

SANWITS FLOW FOR TREATMENT PC 1000 CLIENTS

Below are the steps for entering PC 1000 clients who have been assessed and are going to be admitted into a SUD treatment program. There are specific indicators in SanWITS for tracking and reporting purposes. Some of these field values have changed as of July 1, 2018 with the onset of ODS. CalOMS reporting is required for all clients receiving SUD treatment services regardless of the individual client's funding source.

Required SanWITS records: Client Profile, Contact, Intake Screen, ASAM, Admission, Diagnosis, Program Enrollment, Payor Group Enrollment, Annual Update (if applicable), Encounters, and Discharge (Residential – Authorization & Bed Management with Census)

Getting Started:

1. Create Client Profile –

- If the client profile already exists in SanWITS, please review for accuracy before proceeding
- If the client does not exist, select Add Client and complete

2. Create Contact Screen

- Select Contacts from the Navigation Pane and complete
 - ❖ **Source of Referral** – select “12-Court/Criminal Justice Referral” (this entry will populate the Intake screen)
 - ❖ **Contact Made By** – select “Justice System”
- Select Save
- Important: Review for Accuracy before next step - Complete Review. Once the Complete Review has been clicked, the screen will become read only and cannot be edited.*
- Select Complete Review – under Administrative Actions at the bottom left of screen

The screenshot displays the SanWITS Contact Profile form for a PC1000 client. The form is divided into several sections:

- Client Information:** Client Name: Participant, PC1000; Age: 33; DOB: 2/5/1985; Gender: Female; Unique Client Number: PP02020585; MPI: 9902; SSN: 9902.
- Contact Details:** Initial Contact Date: 1/1/2019; Stop Date: 1/1/2019; Start Time: 8:05 AM; Stop Time: 8:26 AM; Duration: 21; Contact Method: Phone; Contact Reason: Routine Service; Source of Referral: 12-Court/Criminal Justice Referral; Requestor Name: ; Requestor Phone #: ; Status: Completed; Created Date: 1/3/2019 9:27 AM.
- Administrative Information:** Contact Made By: Justice System; LMHA: ; Benefit Type: NA; 1st Offered Intake/Screening Appt: 1/2/2019; 1st Accepted Intake/Screening Appt: 1/2/2019.
- Disposition:** Made an appointment.
- Notes:** Unsigned Notes and Signed Notes sections.
- Administrative Actions:** Complete Review, Move Contact, Delete.
- Buttons:** Cancel and Save.

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- Select Create Intake – under Administrative Actions

Contact Profile

Client Name: Participant_PC1000	Unique Client Number: PP02020585
Age: 33	MPI:
DOB: 2/5/1985	SSN: 9902
Gender: Female	

Status: Completed

Created Date: 1/3/2019 9:19 AM

Initial Contact Date: 1/1/2019 **Stop Date:** 1/1/2019

Start Time: 8:05 AM **Stop Time:** 8:26 AM **Duration:** 21

Contact Method: Phone

Contact Reason: Routine Service **Source of Referral:** 12-Court/Criminal Justice Referral

If Other, Specify:

Call Taker: [REDACTED] **Requestor Name:**

Location:

Requestor Phone #:

Contact Made By: Justice System **1st Offered Intake/Screening Appt:** 1/2/2019

LMHA: **1st Accepted Intake/Screening Appt:** 1/2/2019

Benefit Type: NA

Presenting Needs:

Disposition: Made an appointment

Unsigned Notes:

Signed Notes:

Reviewed By: Emerson, Cynthia **Review Completed:** 1/3/2019

Administrative Actions:

- Create Intake**
- Move Contact
- Delete

3. Complete the Intake Screen

- Source of Referral** – will be read only
- Risk Categories** – Select “Criminal Justice” and all that apply
- Save and Finish

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Intake Case Information

Intake Facility	Main Facility	Case #	1
Intake Staff		Case Status	Open Active
Manner of Contact	Phone	Initial Contact Date	1/1/2019
Residence	San Diego	Intake Date	1/2/2019
Source of Referral	12-Court/Criminal Justice Referral	Pregnant	0-No
Referral Contact		Chronic Life Threatening Illness (CLTI)	No
	Add Collateral Contact	Injection Drug User	No
Referral Date		Presenting Problem (In Client's Own Words)	
Assessment Date			
1st Offered Tx Appt	1/2/2019		
1st Accepted Tx Appt	1/2/2019		
Risk Categories		Selected Risk Categories	Criminal Justice
None			
All Other Injection Drug User			
Cognitive Impaired			
Foster youth			
Date Closed		Save & Close the Case	
Closure Reason			
		Cancel	Save
			Finish

4. Create ASAM

- Select ASAM from Navigation Pane and complete

5. Create Admission Record

- Select Admission from the Navigation Pane and complete
- On the Admission Profile screen
 - ❖ **Type of Treatment Service** – select what is appropriate value for treatment
 - ❖ **Submit to CalOMS** - select “YES”

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Admission Profile

Gender: Female

Age: 33

Screening

Basis for Decision

Potential Client for MH

Potential Client for TBI

Admission Date: 1/2/2019

Admission/Transaction Type: 1-Initial Admission

Type of Treatment Service: 1-Nonresidential/Outpatient Treatment/Rec...

Submit to CalOMS: Yes

of Days Waited to Enter Tx:

of Prior Episodes:

Codependent/Collateral: No

CalWORKs Recipient:

SA Tx Under CalWORKs:

Special Services Contract ID: NA

Special Services/Contract County Code: Not Applicable

Record Status

Record Created By:

Last Updated By:

CalOMS Form Serial #:

CADDs Form Serial #:

Created Date:

Last Updated Date:

Last Upload to State Date:

[Mark as Deleted](#)

Cancel Save Finish >>

- On the Admission Administration Screen
 - ❖ **Special Population Program** - select "PC 1000 Participant" (Note: this field is currently used to identify PC 1000 participants for reporting purposes)
 - ❖ **How did you hear about us?** – select "5-Any Crim Justice i.e. Probation/Court/Parole/Law Enforcement"

Admission Administration

Program Fees:

Drug Testing Participation:

Baseline UA Completed:

Pictures Taken:

Intake Fees:

Testing Level Indicator:

Drug Screening Fees:

Encounter Fees:

Prop. 36:

Start Date:

End Date:

JURIS #:

Special Population Program: PC 1000 Participant

How did you hear about us?: 5-Any Crim Justice i.e. Probation/Court/Paro...

If Other, Specify:

Administrative Checklist

Personal Rights Given

Emergency Contact release signed

Property inventory done

Have the rules been read and signed

Medical assessment form

Selected Items

Cancel Save Finish << >>

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- On the Legal/Criminal Justice screen
 - ❖ **Criminal Justice Status** – select “5 Admitted under other diversion from any court under CA Penal Code, Section 1000”

Legal/Criminal Justice

of Arrests in Last 30 Days

of Jail Days in Last 30

of Prison Days in Last 30

of Arrests in Last 6 Months

Criminal Justice Status **5-Admitted under other diversion from any court under CA Penal Code,...**

Type of Sentence

CDC Number

Parolee Services Network (PSN)

FOTP Parolee

FOTP Priority Status

Cancel Save Finish

6. Create Diagnosis via Admission

- Select Edit Diagnosis - Diagnosis must be a SUD Diagnosis and must be designated as principal diagnosis to allow for billing
- **Type** – Behavioral
- **Diagnosis** – must be a SUD related
- **Principle Diagnosis** – Yes
- **Effective Date**-Will pre-populate to the Admission Date - **Do not change.**
- **Time**: Will be defaulted to 12:00AM - **Do not change.**

7. Create Program Enrollment -

- Select Program Enrollment from the Navigation Pane
 - ❖ Select Add Enrollment
 - ❖ **Program Name** – select appropriate Level of Care Program (**Note**: Do not use PC1000 Education Only)
 - ❖ **Start date** - should match the Admission date
 - ❖ **Perinatal** – Select the appropriate value – must have corresponding Payor Group Enrollment (**Note**: this is connected to Perinatal rates on the claim. Select No if the provider is not able to provide and bill DMC for Perinatal services)
 - ❖ **Residential Facilities** - Check for Bed Availability before completing Program Enrollment for new clients

Program Enrollment Profile

Facility Main Facility

Program Name **[Highlighted]**

Program Staff

Perinatal **[Highlighted]**

PS Court Phase

Start Date 01/02/2019

End Date

Termination Reason

Notes

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- 8. Create Payor Group Enrollment – if billing DMC
 - o Select Add Benefit Plan from Navigation Pane and complete

- ❖ **Payor-Type** – Medicaid
- ❖ **Plan Group** – Should be either “ODS DMC Non-Peri” **OR** “ODS DMC Peri”

Payor List				
Actions	Priority	Plan	Group	Subscriber/ Acct#

Benefit Plan/Private Pay Billing Information

Payor-Type: Medicaid

Payor Priority Order: 1

Coverage Start: End:

Aid Code:

Plan-Group:

Policy #:

Payment Scale:

Relationship to Subscriber/ Responsible Party:

Subscriber/ Responsible Party:

First Name: Middle: Last Name:

Birthdate: Gender: Subscriber #:

Address 1:

Address 2:

City: State: Zip:

Plan-Group dropdown options:

- *June 2018 Medi-Cal - ADP - Perinatal-Maternal - Perinatal
- *June 2018 Medi-Cal - ADP - Non Perinatal - Medi-Cal - Non Perinatal
- ODS DMC- Non Peri-Medi-Cal - Non Perinatal
- ODS DMC- Peri-Medi-Cal - Perinatal

Residential Facilities - Only:

- o Select Add Government Contract Enrollment
 - ❖ **Payor Group:** Select from 3 payor plans - DMC Billable, County Billable or Justice Override
 - ❖ Best Practice -Consult with Optum before adding

Government Contract Billing Information

Plan Type: Government Contract

Contract: 55RES#1,RES#1

Plan-Group:

Subscriber #:

Payor Priority Order: 2

Start Date: End Date:

Administrative Plan-Group:

- ODS Residential-County Billable
- ODS Residential-DMC Billable
- ODS Residential-Justice Override County Billable

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9. Create Encounters-
 - OS, IOS, and Case Management services - Select Encounter from the Navigation Pane and Complete for each service as applicable
 - Residential Bed Day services – create through the Census
10. Create Annual Update - if applicable
 - Select Annual Update from the Navigation Pane and Complete- refer to timeline requirements
11. Create Discharge -
 - Select Discharge from the Navigation Pane and Complete as applicable

Please note: Program enrollment must be end dated for a user to discharge a client. The end date should be the same as the discharge date.

For help with Residential Authorization, Bed Management, and Census please contact SUD_MIS_Support.HHSA@sdcounty.ca.gov