

## SanWITS Flow

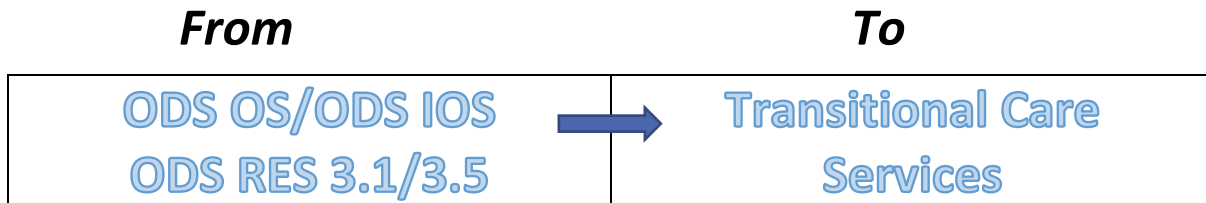
“Guidelines to follow when Changing Level of Care within the same facility”

<i>from</i>		<i>To</i>
ODS OS	➔	ODS IOS
ODS IOS	➔	ODS OS
ODS RES 3.2 WM	➔	ODS RES 3.1/3.5
ODS RES 3.1/3.5	➔	ODS RES 3.2 WM

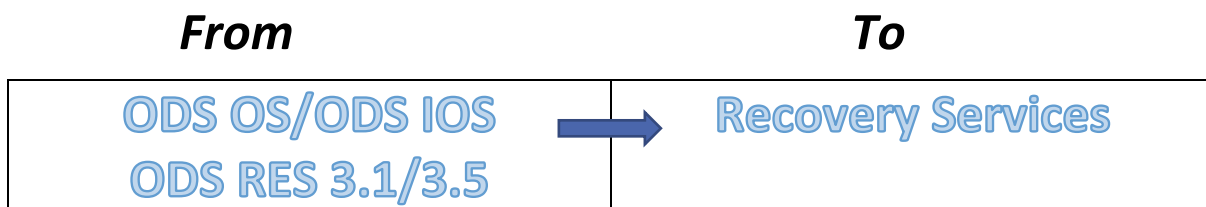
1. Complete a CalOMS Discharge record for the client from the current LOC (although the client didn't leave the facility)
2. Close the current Episode/Intake (can open it again if needed to complete the billing)
3. Open a new episode by Completing a Contact Profile
  - Review for accuracy, click on Complete Review and then click Create Intake
4. Complete the Intake screen
5. No need to end/close the Benefit Plan Enrollment except if the Aid code Changed or client lose Medi-Cal Eligibility.
6. Complete ASAM for the new LOC
7. Complete a CalOMS Admission
8. Add the Program Enrollment for the new LOC

## SanWITS Flow

### “Guidelines to follow when Changing Level of Care within the same facility”



1. Complete a CalOMS Discharge record for the client from the current LOC (although the client didn't leave the facility)
2. Close the current Episode/Intake (can open it again if needed to complete the billing)
3. Open a new episode by Completing a Contact Profile
  - Review for accuracy, click on Complete Review and then click Create Intake
4. Complete the Intake screen
5. No need to end/close the Benefit Plan Enrollment except if the Aid code Changed or client lose Medi-Cal Eligibility.
6. Complete ASAM for the new LOC
7. Add the Program Enrollment for the TCS (no Admission Record needed)



1. Complete a CalOMS Discharge record for the client from the current LOC (although the client didn't leave the facility)
2. End/Close the current Program Enrollment
3. Add a new Program Enrollment for the RS within the current Episode

**Note:** If the client leaves for longer than 3 months after treatment then returns for Recovery Services, please add the Recovery Services in a new episode with no Admission or Discharge record added.

## SanWITS Flow

**“Guidelines to follow when Changing Level of Care within the same facility”**

<i>from</i>	→	<i>To</i>
Recovery Services	→	ODS OS/ODS IOS/ ODS RES 3.1/3.5
Transitional Care Services	→	ODS OS/ODS IOS/ ODS RES 3.1/3.5
Courtesy Dosing	→	ODS OTP
Delayed Admission	→	ODS OS/ODS IOS/ ODS RES 3.1/3.5

1. No Discharge record needed to be entered.
2. Close the current Episode/Intake (can open it again if needed to complete the billing)
3. Open a new Episode/Intake by Completing a Contact Profile
  - Review for accuracy, click on Complete Review and then click Create Intake
4. Complete the Intake screen
5. No need to end/close the Benefit Plan Enrollment except if the Aid code Changed or client lose Medi-Cal Eligibility.
6. Complete ASAM for the new LOC
7. Complete a CalOMS Admission
8. Add the Program Enrollment for the new LOC

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“Guidelines to follow when Changing Level of Care within the same facility”

<i>from</i>	<i>To</i>
ODS RES 3.1	ODS RES 3.5
ODS RES 3.5	ODS RES 3.1
ODS OS/ODS IOS/ ODS RES 3.1/3.5	Non BHS Contracted Client
Non BHS Contracted Client	ODS OS/ODS IOS/ ODS RES 3.1/3.5

For above LOC changes, they can be added **on the current Episode/Intake**

\*\*No need to add a discharge for the old LOC or a new admission for the new LOC

- End/Close the current Program Enrollment
- Add a new Program Enrollment for the new LOC within the current Episode