

SanWITS Encounter Form Instructions

REQUIRED FORM:

The Encounter Form is a required document in the client's file and is needed before an Encounter can be released to Billing.

WHEN:

An Encounter will be created each time the client receives treatment services.

COMPLETED BY:

Authorized agency representative.

REQUIRED ELEMENTS:

- For instructions on each specific field, refer to CalOMS Data Collection Guide/CalOMS Treatment Data Dictionary.

NOTE:

The County only requires Behavioral Health Services contracted client services to be documented with Encounters. Data entry for Encounters should be completed on a daily basis.

Before an Encounter can be created, the Program Enrollment screen must be completed.

Program Name field information is pre-populated from the Program Enrollment screen. Only the Program added in Program Enrollment will be listed.

Service field drop-down menu values are linked to the Program Name added in the Program Enrollment.

The "Diagnosis for this Service" box contains the principal diagnosis information pre-populated from the Admission Diagnosis screen. This information cannot be edited from the Encounter screen. If you don't have a principal diagnosis, you won't be able to release Encounters.

For Billable Encounters the Administrative Action available will be Release to Billing. For Non-Billable Encounters the Administrative Action available will be Finalize Encounter.



CalOMS Encounter

Provider Id: _____
Client Name: _____
Client #: _____
Data Entry Date: _____
Data Entry Int: _____
CalOMS Serial #:W_____

ENCOUNTER		*REQUIRED																																																									
*Rendering Staff (Rendering staff must have a valid NPI)																																																											
*Note Type <input type="checkbox"/> DMC Billable <input type="checkbox"/> County Billable <input type="checkbox"/> Bed Management Census Note <input type="checkbox"/> Non-Billable																																																											
ENC ID (Auto-populates)		Created Date (Auto-populates)																																																									
*Program Name (Auto-populates from the active Program Enrollment)																																																											
*Service (Available values in drop-menu are linked to the Program Name added in Program Enrollment and rendering staff discipline)			*Billable <input type="checkbox"/> Yes <input type="checkbox"/> No	*Disallowed <input type="checkbox"/> Yes <input type="checkbox"/> No																																																							
*Start Date (mm / dd / yyyy)		End Date (mm / dd / yyyy) *Required for Consecutive Methadone Dosing																																																									
*Service Location <input type="checkbox"/> Home <input type="checkbox"/> Homeless shelter <input type="checkbox"/> Non-residential Opioid Treatment Facility <input type="checkbox"/> Non-residential Substance Abuse Treatment Facility <input type="checkbox"/> Other Place of Service <input type="checkbox"/> Residential Substance Abuse Treatment Facility <input type="checkbox"/> School <input type="checkbox"/> Telehealth Provided in Patient's Home <input type="checkbox"/> Telehealth Provided Other than in Patient's Home <input type="checkbox"/> Temporary Lodging			Start Time (00:00 am / pm)																																																								
			End Time (00:00 am / pm)																																																								
When service is unit-based : Duration <input type="checkbox"/> Days <input type="checkbox"/> Hrs <input type="checkbox"/> Min																																																											
When service is duration-based: Travel Duration Documentation duration *Total Service time																																																											
*Contact Type <input type="checkbox"/> No Show <input type="checkbox"/> Telehealth <input type="checkbox"/> Face To Face <input type="checkbox"/> In the Community <input type="checkbox"/> Phone <input type="checkbox"/> No Contact		Emergency <input type="checkbox"/> Yes <input type="checkbox"/> No	* # of Service Units/Sessions (Auto-populates)																																																								
*Visit Type (Linked to Service) <input type="checkbox"/> AS – Assessment <input type="checkbox"/> CS-Crisis <input type="checkbox"/> IN-Individual Counseling <input type="checkbox"/> AWM-Ambulatory WM <input type="checkbox"/> DS-MAT-Dosing <input type="checkbox"/> LS-LOC Screening <input type="checkbox"/> BD-Bed Day - Residential <input type="checkbox"/> ES-Educational Skill Building Groups <input type="checkbox"/> MD-Methadone Dosing Groups <input type="checkbox"/> CC-Clinician Consult <input type="checkbox"/> ETA-Engagement/Therapeutic Activity <input type="checkbox"/> MS-Medication Service <input type="checkbox"/> CCO-Care Coordination <input type="checkbox"/> GP-Group <input type="checkbox"/> PE-Patient Education <input type="checkbox"/> CMT-Contingency Mgmt <input type="checkbox"/> GPC-Group in Community <input type="checkbox"/> WM-Withdrawal Mgmt			*Medi-Cal Billable: (County Billable services = NO) <input type="checkbox"/> Yes <input type="checkbox"/> No																																																								
*Was an interpreter used? (Based on each service) <input type="checkbox"/> No Interpreter Needed <input type="checkbox"/> Yes – Internal <input type="checkbox"/> Yes – External																																																											
*In what language was the service provided? (Auto-populates from Client Profile and can be edited) <table border="0"><tr><td><input type="checkbox"/> American Sign Language</td><td><input type="checkbox"/> French</td><td><input type="checkbox"/> Laotian</td><td><input type="checkbox"/> Samoan</td></tr><tr><td><input type="checkbox"/> Amharic</td><td><input type="checkbox"/> German</td><td><input type="checkbox"/> Large Print English</td><td><input type="checkbox"/> Spanish</td></tr><tr><td><input type="checkbox"/> Arabic</td><td><input type="checkbox"/> Greek</td><td><input type="checkbox"/> Malay</td><td><input type="checkbox"/> Tagalog</td></tr><tr><td><input type="checkbox"/> Armenian</td><td><input type="checkbox"/> Gujarati</td><td><input type="checkbox"/> Mandarin</td><td><input type="checkbox"/> Thai</td></tr><tr><td><input type="checkbox"/> Braille</td><td><input type="checkbox"/> Hebrew</td><td><input type="checkbox"/> Marathi</td><td><input type="checkbox"/> Tigrigna</td></tr><tr><td><input type="checkbox"/> Cambodian</td><td><input type="checkbox"/> Hindi</td><td><input type="checkbox"/> Mien</td><td><input type="checkbox"/> Turkish</td></tr><tr><td><input type="checkbox"/> Cantonese</td><td><input type="checkbox"/> Hmong</td><td><input type="checkbox"/> Norwegian</td><td><input type="checkbox"/> Ukrainian</td></tr><tr><td><input type="checkbox"/> Chinese</td><td><input type="checkbox"/> Hungarian</td><td><input type="checkbox"/> Other Non-English Language</td><td><input type="checkbox"/> Unknown Language</td></tr><tr><td><input type="checkbox"/> Czech</td><td><input type="checkbox"/> Ilocano</td><td><input type="checkbox"/> Polish</td><td><input type="checkbox"/> Vietnamese</td></tr><tr><td><input type="checkbox"/> Dutch</td><td><input type="checkbox"/> Indian (General)</td><td><input type="checkbox"/> Portuguese</td><td><input type="checkbox"/> Yakama</td></tr><tr><td><input type="checkbox"/> English</td><td><input type="checkbox"/> Italian</td><td><input type="checkbox"/> Puyallup</td><td><input type="checkbox"/> Dari</td></tr><tr><td><input type="checkbox"/> Fang Yan</td><td><input type="checkbox"/> Japanese</td><td><input type="checkbox"/> Romanian</td><td><input type="checkbox"/> Persian</td></tr><tr><td><input type="checkbox"/> Farsi</td><td><input type="checkbox"/> Korean</td><td><input type="checkbox"/> Russian</td><td><input type="checkbox"/> Somali</td></tr><tr><td><input type="checkbox"/> Finnish</td><td><input type="checkbox"/> Lakota Sioux</td><td><input type="checkbox"/> Salish</td><td></td></tr></table>				<input type="checkbox"/> American Sign Language	<input type="checkbox"/> French	<input type="checkbox"/> Laotian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Amharic	<input type="checkbox"/> German	<input type="checkbox"/> Large Print English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Arabic	<input type="checkbox"/> Greek	<input type="checkbox"/> Malay	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Armenian	<input type="checkbox"/> Gujarati	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Thai	<input type="checkbox"/> Braille	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Marathi	<input type="checkbox"/> Tigrigna	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hindi	<input type="checkbox"/> Mien	<input type="checkbox"/> Turkish	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Hmong	<input type="checkbox"/> Norwegian	<input type="checkbox"/> Ukrainian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Other Non-English Language	<input type="checkbox"/> Unknown Language	<input type="checkbox"/> Czech	<input type="checkbox"/> Ilocano	<input type="checkbox"/> Polish	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Dutch	<input type="checkbox"/> Indian (General)	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Yakama	<input type="checkbox"/> English	<input type="checkbox"/> Italian	<input type="checkbox"/> Puyallup	<input type="checkbox"/> Dari	<input type="checkbox"/> Fang Yan	<input type="checkbox"/> Japanese	<input type="checkbox"/> Romanian	<input type="checkbox"/> Persian	<input type="checkbox"/> Farsi	<input type="checkbox"/> Korean	<input type="checkbox"/> Russian	<input type="checkbox"/> Somali	<input type="checkbox"/> Finnish	<input type="checkbox"/> Lakota Sioux	<input type="checkbox"/> Salish	
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CalOMS Encounter

***Which Evidence-Based Practices were used?**

- Motivational Interviewing Relapse Prevention Other None (Should only be used for no show and when there is no contact with the client)

Diagnosis for this Service (*Required to release Encounter)

(Diagnosis auto-populates with the diagnosis information added to the Admission Profile)

(Diagnosis is editable. It must be a Behavioral Diagnosis; Substance Use related and marked as Principal)

Primary

Secondary

Tertiary

Secondary Staff

Supervising Staff