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.

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

SanWITS Encounter Screen

ENCOUNTER (*REQUIRED)

*Note Type

☐ DMC Billable ☐ County Billable ☐ Non-Billable

*Program Name (Auto-populates from the Program Enrollment)

*Service (Available values in drop-menu are linked to the Program Name added in Program Enrollment)

*Billable

☐ Yes ☐ No

*Start Date (mm / dd / yyyy)

End Date (mm / dd / yyyy) *This field is required for Consecutive Methadone Dosing.

*Service Location

☐ Non-Residential Substance Abuse TX Facility
☐ Residential Substance Abuse TX Facility

Start Time (00:00 am / pm)

End Time (00:00 am / pm)

*Travel Duration
(Travel Duration should always be entered in Minutes)
OTP should enter zero always.

*Documentation Duration
(Documentation Duration should always be entered in Minutes)
OTP should enter zero always.

*Session Duration
(Session Duration should be entered in Minutes always)

Total Duration (System will auto-calculate the Total Duration)
Travel + Documentation + Session = Total Duration

*Contact Type

☐ No Show
☐ Face To Face
☐ Phone
☐ Telehealth
☐ In the Community
☐ No Contact (Case Mgmt where there is no contact made)

Emergency

☐ Yes
☐ No

* # of Service Units/Sessions
(Auto-populates)

*Medi-Cal Billable: (County Billable services = NO)

☐ Yes
☐ No

Pregnant/Postpartum (Auto-populates to "No" for Male)

☐ Yes
☐ No

*National Drug Code (11 digit code for MAT Brand Name or MAT Generic Name Dosing only)

*Drug Quantity
(MAT Brand Name or MAT Generic Name Dosing only

☐ Grams
☐ No
☐ Yes
☐ No

*Visit Type (Available values in drop-menu are linked to the Service)

☐ AS – Assessment
☐ BD – Bed Day - Residential
☐ CL – Collateral
☐ CM – Case Management
☐ CS – Crisis
☐ WM – Withdrawal Mgmt
☐ DC – Intensive Outpatient Services

☐ DP – Discharge Planning
☐ DS – MAT – Dosing
☐ FT – Family Therapy
☐ GP – Group
☐ GPC – Group in Community
☐ HN – Housing Navigation
☐ IN – Individual Counseling
☐ IT – Intake

☐ MD – Methadone Dosing
☐ MS – Medication Service
☐ OI – Other Individual
☐ PC – Physician Consult
☐ SA – Substance Abuse Assistance
☐ TP – Treatment Planning

*Required Field

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County of San Diego
Behavioral Health Services

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

SanWITS Encounter Screen

* Was an interpreter used? (Based on each service)

☐ No Interpreter Needed
☐ Yes – Internal
☐ Yes – External

*In what language was the service provided?
(Auto-populates from Client Profile and can be edited)

☐ American Sign Language
☐ Amharic
☐ Arabic
☐ Armenian
☐ Braille
☐ Cambodian
☐ Cantonese
☐ Chinese
☐ Czech
☐ Dutch
☐ English
☐ Fang Yan
☐ Farsi

☐ Finnish
☐ French
☐ German
☐ Greek
☐ Gujarati
☐ Hebrew
☐ Hindi
☐ Hmong
☐ Hungarian
☐ Ilocano
☐ Indian (General)
☐ Italian
☐ Japanese

☐ Korean
☐ Lakota Sioux
☐ Laotian
☐ Large Print English
☐ Malay
☐ Mandarin
☐ Marathi
☐ Mien
☐ Norwegian
☐ Other Non-English Language
☐ Polish
☐ Portuguese
☐ Puyallup

☐ Romanian
☐ Russian
☐ Salish
☐ Samoan
☐ Spanish
☐ Tagalog
☐ Thai
☐ Tigrigna
☐ Turkish
☐ Ukrainian
☐ Unknown Language
☐ Vietnamese
☐ Yakama

*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)

Primary
Secondary
Tertiary

(In order for Diagnosis to pre-populate it must be a Behavioral Diagnosis; Substance Use related and marked as Principal)

*Rendering Staff
(Auto-populates with user logged into the system and can be edited. Rendering staff must have a valid NPI)

Supervising Staff

*Required Field

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