

Appointment Disposition and Referral ID Report

Substance Abuse Prevention and Control County of Los Angeles - Department of Public Health



Outline

- Access to Care Workflow
- Referral ID Report
- Documentation Overview:
 - Admission
 - Referral Connection
- Appointment Disposition



Substance Use Disorder Information System

Access to Care

★NEW!★





Referral ID Report

Admission & Referral Connection Data

The Referral ID report is populated from the Referral Connections Form (completed for direct provider referrals) and Service Connection Log (completed by SASH, CENS, and CORE)

Utilizing Referral ID Report for Documentation

Providers are required to pull this report on a daily/weekly basis to complete the Appointment Disposition Log form



Generated Referral ID Report

Report provides client's Name, Date of Birth, gender, contact information (if available), appointment date, and time (if available).





- Providers should ALWAYS check "Admission (Outpatient)" before creating a new patient within Sage to make sure that a client profile doesn't already exist for that patient.
 - "Search Client" section → Searches patients across entire Sage network
 - To avoid duplicate clients where multiple Sage profiles get created for the same patient, providers need to first check the "Client Search" on the Admission (Outpatient) form to make sure that patient's profile isn't already in Sage before creating a new profile.
 - If the patient shows on the "Client Search", this means the patient has been seen by another provider in our network, but not your specific agency.
 - DO NOT create a new patient in this situation, simply open the chart to add an episode for your agency.

Overview: Search Client/Adding New Client



was found and

the system.

already exists in

Client	Search

Social Sec	e curity Number ID	First Name Sex test Female mber Date of Birth 06/02/1980 Alias Alias (Ad		Image: Instrume test Image: Instrume test Female Image: Instrume Image: Instrume <t< th=""><th></th><th>Enter all required fields and the Date of Birth if known to get the highest possible match.</th></t<>					Enter all required fields and the Date of Birth if known to get the highest possible match.	
Info	Search	Clear	ID	Date Of Birth	Client's Address - City	Client's Address - Zipcode	Alias	Social Security Number		Select the patient with the most
Info	131	SCREEN, TEST	160056	06/02/1980	ALHAMBRA	91803-8800		444-44-4444		
Info	91	SCREEN, TEST	160133	05/02/1956	ALHAMBRA	91803-8800		888-88-8888		information to oper
Info	75	SCREENING,TEST	161353	11/20/1990	ALHAMBRA	91803-8800		201-25-6584		a new admission fo
New Clie	ent	Cancel							-	your agency. Do not select "New Client" for this situation since the nation

- If the client isn't listed, this means there are no patients within the SAPC network of providers that meet any of the criteria entered.
- If the provider is confident this is accurate, then select "New Client" to create new admission.

Overview: Admission Form and Demographics



SCREENING, TEST (🔻			
SCREENING, TEST (000161 SCREENING, M, 33, 11/20 Preferred Na Personal Prot	1353) TEST (000161353) /90 me: - nouns: -	Ep: 2 : DX P: - Facility Chart#: -	Location: 1000 S FREMONT AVE, ALHAMBRA, CA Allergies (0) Communication Pref.: - Phone #: -
ADMISSION (OUTPATI	ENT)		Submit Discard Add to Favorites
Admission Episode Information Rights/Disabilities Demographics Client Demographics	Episode Information Client Name SCREENING,TEST		Preadmit/Admission Date *
SOGI Contact Information Smoking Status	Episode Number 2	Social Security Number 201-25-6584	Preadmit/Admission Time *
Alias Other Client Data	Date Of Birth 11/20/1990	Age	Admitting Practitioner *
Financial Eligibility Online Documentation	Sex * O Female O Unknown	Male Other	Program * Select × ✓ Type Of Admission *
			Select × ✓ Source Of Admission Select × ✓

After selecting an existing patient or creating a new patient, the first screen is always Admission and demographics.

- Sage only requires the fields noted in red, however, SAPC recommends completing additional fields for improved data collection and reporting.
- ✤ Additionally, ensure the address and/or phone number is correct for follow up and engagement.

Overview: Accessing the ASAM CO-Triage



COUNTY OF LOS ANGELES

ASAM ASSESSMENT			Submit	Discard	Add to Favorites
ASAM Assessment Assessment LOC Information Comments Outcome	✓ Refresh ASAM Information				
Online Documentation	ASAM Type				
	CONTINUUM Triage				× ~
	Assessment				
	Create New				× ~
	Launch ASAM Refresh Assessment Information	View ASAM Report View ASAM Narrative Report			
	✓ Assessment LOC Information				
	Assessment Level Of Care Information			2	
1. Open ASAN	Assessment in search bar Q What can	I help you find?			

- 2. Select the episode for your agency
- 3. Select "CONTINUUM Triage" under ASAM Type
 - 4. Select "Create New" under Assessment
 - 5. Select Launch ASAM to begin triage/screening

Overview: Referral Connection



SCREENING, TEST (1... 🔻

PATIENT CHART FORMS

PATIENT INFO

Client Picture Collateral Contact Diagnosis Drug Testing Patient Medications Reproductive Health

ADMISSION/INTAKE

Admission (Outpatient) Patient Handbook and Orientation Video Acknowledgement Referral Connections Service Connections Log Update Client Data Youth and Young Adult Screener

CAL-OMS

Cal-OMS Administrative Discharge Cal-OMS Admission Cal-OMS Annual Update Cal-OMS Discharge Cal-OMS Youth/Detox Discharge CalOMS Supplemental Discharge



Once in the patient's chart forms, select "New Record" and select **Referral Connection or** by searching for Referral Connection in the smart search bar

A Referral Connection is <u>required for all patient</u> <u>encounters</u> when a CO-Triage is initiated (<u>Provider Manual pg. 34</u>).

Print -



REFERRAL CONNECTIONS			Submit	Backup Dis	card Add to Favorites
Referral Connection	~				A
SOD Relemais Provided	Date of Contact *		Time of Contact *	Current Time	
	Referral Source *		Screening Site		
	Select Specify Other Referral Source	* ~			
	Managed Care Type		What type of advertisement?		
	Select	* ~	Select		~
	~				







REFERRAL CONNECTIONS					Autosaved at 9:13 AM	Submit	Backup	Discard	Add to Favorites
Referral Connection SUD Referrals Provided	~								^
	Currently Pregnant	? *			Is the client currently in cust	ody?			
	⊖ Yes	\bigcirc No	O Unsure	○ N/A	⊖ Yes		⊖ No		
	If the individual indic	ated frequent heroin or	opiod medication use w	rithin the past 30 days, a referral	l may also be made to an Opiod	Treatment Progra	m		
	(OTP) and/or Medica	ation for Addiction Trea	tment (MAT) provider.						
	Was a referral to O	TP or MAT services mad	le?						
	⊖ Yes		◯ No						
	~								
	Referral ID #								
	92								
	The provider will nee scheduled appointm	ed this number to record ent.	a No-Show if the patien	t does not show up for their					



REFERRAL CONNECTIONS			Autosaved at 9:13 AM	Submit	Backup	Discard	Add to Favorites
Referral Connection SUD Referrals Provided	scheduled appointment.	nvo-snow in the patient does not snow up for their					4
	CIN	Aid Code					
	Select	× v					
	Overall Disposition *						
	Select	× ~					
	Notes						
						Ľ	
	Form Status *						
	🔿 Draft	⊖ Final					



REFERRAL CONNECTIONS				Autosa	ved at 9:15 AM Su	bmit Backup	Discard	Add to Favorites
Referral Connection	~							
SOD Referrais Provided	SUD Referrals Provided *							
	Referral Treatment Prov	Referral Site Disposition	Appointment Date	Appointment Time	Appointment Status	Other Referral Provider	Other Provider Name	
	No records.							
	Ad	dd New Item		Edit Selected Item		Delete Select	ed Item	



REFERRAL CONNECTIONS		Autos	saved at 9:1	5 AM Submit	Backup	Discard Add	to Favorites
Referral Connection SUD Referrals Provided	Referral Treatment Provider		٩	Referral Site Disposition Select		× ~	
	Appointment Status	O Not Scheduled					
	Appointment Date			Appointment Time	Current Time	H M AM/PM	- 1
	Other Referral Provider SAPC Provider Not Listed Out-of-Network			Other Provider Name			•

Ē









erral ID Report	~		
	Start Date *	Select Provider(s) *	
		All I <u>Clear</u> Search	Q
		ALCOHOLISM CENTER FOR WOMEN INC.	
	End Date *		



		Referral ID # Date Parameters: 6/1/	os Angeles C Heaith # Report 2023 - 6/30/2023		4/22/2024		
ency: ALCOHOL cation: ACFW 113	ISM CENTER FO	DR WOMEN INC.					appointment_time
Referral ID #	PATID	Patient Name (Last,First)	Date of Birth	Gender	Contact	Appointment Date	Appointment Time
15873	160233	Smith,Brenda	5/17/2002	Female	Cell: 123-554-3213	6/30/2023	11:00 AM
15875	160121	Doe,Peter	7/2/1975	Male	N/A	6/30/2023	
ferral Connections							
	PATID	Patient Name (Last,First)	Date of Birth	Gender	Contact	Appointment Date	Appointment Time
Referral ID #		Cens Sanc	7/1/2017	Unknown	N/A	6/7/2023	
Referral ID # 70	159928	cens,supe					

Appointment Date Appointment Time Referral ID # PATID Patient Name (Last, First) Date of Birth Gender Contact 6/22/2023 11:05 AM N/A 2/1/2002 15870 160599 Test,Female Female

Referral Connections

Referra	ID #	PATID	Patient Name (Last,First)	Date of Birth	Gender	Contact	Appointment Date	Appointment Time
77		110811	Paladino,Alt	10/23/1996	Male	N/A	6/28/2023	

Ē

(?) E



								Av	atar NX Report Viewer 2024.01.02	Close Report
Print Report	Export			7						Î
Find.	Phint Report Export								SAP CRYSTAL REPORTS*	
Group 1	Format: Select A Format Select A Format Adobe Acrobat (Crystal Reports Microsoft Excel (Microsoft Excel (Microsoft Word (Microsoft Word (Microsoft Word ((?) Group (?) Group (?) AL XML XML	PDF) (RPT) (XLS) Record (XLS) (RTF) • Editable (RTF) • ss (CSV) • ext (TTX)	0% ▼ rt	Referral ID # Date Parameters: 6/1/2 ER FOR WOMEN INC. rado St	Report 023 - 6/30/2023		4/22/2024		appointment_time	
		Referral ID #	PATID	Patient Name (Last,First)	Date of Birth	Gender	Contact	Appointment Date	Appointment Time	
		15873	160233	Smith,Brenda	5/17/2002	Female	Cell: 123-554-3213	6/30/2023	11:00 AM	
		15875	160121	Doe,Peter	7/2/1975	Male	N/A	6/30/2023		
		Referral Connectio	ns					1		
		Referral ID #	PATID	Patient Name (Last,First)	Date of Birth	Gender	Contact	Appointment Date	Appointment Time	
		70	159928	Cens,Sapc	7/1/2017	Unknown	N/A	6/7/2023		
		74	159928	Cens,Sapc	7/1/2017	Unknown	N/A	6/24/2023	02:00 PM	
		Location: ACFW 1 Service Connection Referral ID # 15870	147 South Alvas Log PATID 160599	varado St Patient Name (Last,First) Test,Female	Date of Birth 2/1/2002	Gender Female	Contact N/A	Appointment Date 6/22/2023	Appointment Time 11:05 AM	
		Referral Connectio	ons							-



Appointment Disposition Log

The purpose for Appointment Disposition Log is to tracks client after screening and referral.

Providers are required to complete an appointment disposition log for each appointment scheduled arrange by SASH, CENS, CORE, or treatment provider.

Providers must indicate the outcome of the appointment, including reschedule appointment.

Providers are responsible to reach out at least three attempts to the client if they don't show up to the appointment.

Ē



	Q appointn	nent		
	Advanced Cl	ient Search		
			Here is what I found:	×
MY TO DO'S	All 1	Clients 0 Staff 0 Forms 1		
≔			Forms	Image: A state of the state
Additional ToD	os Undock	Name	Menu Option	
<mark> </mark>	Ľ	Appointment Disposition Log	/ Avatar PM / Assessments	

Appointment Disposition Log



Q	а
Resu	ts
ACF\	/ 1135 South Alvarado St (0013)
ACF\	/ 1147 South Alvarado St (0014)
INC.	ALCOHOLISM CENTER FOR WOMEN (LE0300)

Enter and select agency or site.



Selected Program : Inc. Alcoholism Center For Women (LE0300) (LE0300)

Select Record

Appointmen t Date 🜲	Service Connection Referral ID 🖨	Data Entry By (Option) 🜲	Data Entry Date 🖨
09/21/2023	15909	Julie Lo	09/21/2023
09/12/2023	15901	Julie Lo	09/14/2023
09/06/2023	15899	Julie Lo	09/22/2023



Ē





Select	
No Show	- Appointment Rescheduled
No Show	- Client Refused
No Show	- Unable to Contact
Showed -	Admitted to Treatment
Showed -	Client Refused Treatment
Showed -	Not Admitted for Treatment

Sel	ect
Me	dically/mental health unstable
Otł	ner, please specify
Ref	erred to Another Agency