

# **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

| - | • •     | ~   |     |            |
|---|---------|-----|-----|------------|
| C | ient    | • S | ear | <u>rch</u> |
| - | i Çi li |     | cui | <b>U</b>   |

| screen<br>Social Sec | Last Name screen Social Security Number Assigned ID |                | First Name<br>test<br>Date of Birth<br>06/02/1980<br>Alias |               |                            | Sex Female × ✓ Alias (Additional Text) Alias (Additional Text) |       |                           | Enter all<br>required fields<br>and the Date of<br>Birth if known to<br>get the highest<br>possible match. |
|----------------------|---|----------------|--|---------------|----------------------------|--|-------|---------------------------|--|
| Info                 | Score   | Clear          | ID   | Date Of Birth | Client's Address -<br>City | Client's Address -<br>Zipcode                                  | Alias | Social Security<br>Number | Select the patient with the most   |
| Info                 | 131   | SCREEN, TEST   | 160056   | 06/02/1980    | ALHAMBRA                   | 91803-8800   |       | 444-44-4444               | matching   |
| 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         |  |               |                            |  |       |                           | <br>your agency. *Do not select "New Client" for this situation since the patient                          |

- 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<br>SCREENING,<br>M, 33, 11/20<br>Preferred Nat<br>Personal Proc        | TEST (000161353)<br>/90<br>me: -                       | Ep: 2 :<br>DX P: -<br>Facility Chart#: - | Location: 1000 S FREMONT AVE, ALHAMBRA, CA Allergies (0)<br>Communication Pref.: -<br>Phone: #: - |
| ADMISSION (OUTPATI   | ENT)   |  | Submit Discard Add to Favorites   |
| Admission<br>Episode Information<br>Rights/Disabilities<br>Demographics<br>Client Demographics | Episode Information     Client Name     SCREENING,TEST |  | Preadmit/Admission Date *   |
| SOGI<br>Contact Information<br>Smoking Status  | Episode Number<br>2                                    | Social Security Number<br>201-25-6584    | Preadmit/Admission Time *   |
| Military Status<br>Alias<br>Other Client Data  | Date Of Birth 11/20/1990                               | Age                                      | Admitting Practitioner *  |
| Financial Eligibility<br>Online Documentation  | Sex *  | 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 Fav | orites |
|--|---|--|--------|---------|------------|--------|
| ASAM Assessment<br>Assessment LOC Information<br>Comments<br>Outcome | Refresh ASAM Information                      |  |        |         |            |        |
| Online Documentation   | ASAM Type                                     |  |        |         |            |        |
|  | CONTINUUM Triage                              |  |        |         | × ~        |        |
|  | Assessment                                    |  |        |         |            |        |
|  | Create New                                    |  |        |         | × ~        |        |
|  | Launch ASAM<br>Refresh Assessment Information | View ASAM Report<br>View ASAM Narrative Report |        |         |            |        |
|  | ✓ Assessment LOC Information                  |  |        |         |            |        |
|  | Assessment Level Of Care Information          |  |        | 2       |            |        |
| 1. Open ASA  | M Assessment in search bar Q What can I h     | 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



Clear Filters

÷

New Record -

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 Discard     | Add to Favorites |
|------------------------|-------------------------------|-----|-----------------------------|--------------------|------------------|
|                        | ~                             |     |                             |                    | <u>^</u>         |
| SUD Referrals Provided |                               |     | The Contract                |                    |                  |
|                        | Date of Contact *             |     | Time of Contact *           | Current Time H 🗭 M | AM/PM            |
|                        | Referral Source *             |     | Screening Site              |                    |                  |
|                        | Select                        | × ~ |                             |                    | ٩                |
|                        | Specify Other Referral Source |     |                             |                    |                  |
|                        | Managed Care Type             |     | What type of advertisement? |                    |                  |
|                        | Select                        | × ~ | Select                      |                    | ~                |
|                        |                               |     |                             |                    |                  |
|                        | <ul> <li>✓</li> </ul>         |     |                             |                    |                  |







| REFERRAL CONNECTIONS                          |   |                                  |                         |                                     | Autosaved at 9:13 AM            | Submit           | Backup | Discard | Add to Favorites |
|---|---|----------------------------------|-------------------------|-------------------------------------|---------------------------------|------------------|--------|---------|------------------|
| Referral Connection<br>SUD Referrals Provided | ~   |                                  |                         |                                     |                                 |                  |        |         | <b>^</b>         |
|   | 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<br>scheduled appointm | ed this number to record<br>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<br>SUD Referrals Provided | scheduled appointment. | record a no-onow in the patient does not show up for the | u                    |        |        |         |                  |
|   | CIN                    | Aid Code   |                      |        |        |         |                  |
|   |                        |  |                      |        |        |         |                  |
|   | Insurance Coverage *   |  |                      |        |        |         |                  |
|   | Select                 | ×  | ~                    |        |        |         |                  |
|   | Overall Disposition *  |  |                      |        |        |         |                  |
|   | Select                 | ×  | ~                    |        |        |         |                  |
|   | Notes                  |  |                      |        |        |         |                  |
|   |                        |  |                      |        |        | t<br>C  |                  |
|   |                        |  |                      |        |        |         |                  |
|   |                        |  |                      |        |        |         |                  |
|   | Form Status *          |  |                      |        |        |         |                  |
|   | 🔿 Draft                | ○ Final  |                      |        |        |         |                  |
|   |                        |  |                      |        |        |         |                  |
|   |                        |  |                      |        |        |         |                  |



| REFERRAL CONNECTIONS                          |                          |                           |                  | Autosa             | ved at 9:15 AM Su  | bmit Backup             | Discard             | Add to Favorites |
|---|--------------------------|---------------------------|------------------|--------------------|--------------------|-------------------------|---------------------|------------------|
| Referral Connection<br>SUD Referrals Provided | ~                        |                           |                  |                    |                    |                         |                     |                  |
| 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                          |  | Autosa        | ved at 9:1 | 5 AM Submit                         | Backup       | Discard Ad    | d to Favorites |
|---|--|---------------|------------|-------------------------------------|--------------|---------------|----------------|
| Referral Connection<br>SUD Referrals Provided | Referral Treatment Provider  |               | ٩          | Referral Site Disposition<br>Select |              | ×             | ×              |
|   | Appointment Status   | Not Scheduled |            |                                     |              |               |                |
|   | Appointment Date   |               | <b>()</b>  | Appointment Time                    | Current Time | H 🗭 M 🖨 AM/PM | :              |
|   | Other Referral Provider          SAPC Provider Not Listed         Out-of-Network |               |            | Other Provider Name                 |              |               |                |









| rral ID Report |              |  |   |
|----------------|--------------|--|---|
|                | Start Date * | Select Provider(s) *       All  Clear     Search | Q |
|                |              | ALCOHOLISM CENTER FOR WOMEN INC.                 |   |
|                | End Date *   |  |   |
|                |              |  |   |
|                |              |  |   |
|                |              |  |   |
|                |              |  |   |



|                   |                         | Referral ID #                          | # Report               |                   |                    |                           |                  |  |
|-------------------|-------------------------|--|------------------------|-------------------|--------------------|---------------------------|------------------|--|
|                   |                         | Date Farameters. 0/1/                  | 2025 - 0/50/2025       | 4/22/2024         |                    |                           |                  |  |
| eation: ACFW 113  | 5 South Alvarado<br>Log | -                                      |                        |                   |                    |                           | 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                 |                  |  |
| 15675             |                         |  |                        |                   |                    |                           |                  |  |
| erral Connections |                         |  |                        |                   |                    |                           | _                |  |
|                   | PATID                   | Patient Name (Last,First)              | Date of Birth          | Gender            | Contact            | Appointment Date          | Appointment Time |  |
| erral Connections |                         | Patient Name (Last,First)<br>Cens,Sapc | Date of Birth 7/1/2017 | Gender<br>Unknown | Contact<br>N/A     | Appointment Date 6/7/2023 | Appointment Time |  |

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

| [ | Referral 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        |                  |

(?) E



|                   |   |   |                   |  |                                  |                  |                    | Av                         | atar NX Report Viewer 2024.01.02 | Close Report |
|-------------------|---|---|-------------------|--|----------------------------------|------------------|--------------------|----------------------------|----------------------------------|--------------|
| Print Report      | Export  | <u></u>   |                   | 7  |                                  |                  |                    |                            |                                  | Î            |
| E   Find.         | Print Report Export   | •   |                   |  |                                  |                  |                    |                            | SAP CRYSTAL REPORTS®             |              |
| Group 1<br>∄ ALCO | Format:       Select A Format         Select A Format       Adobe Acrobat (         Crystal Reports       Microsoft Excel (         Microsoft Excel (       Microsoft Word -         Separated Value       Tab Separated T         Text (TXT)       XML | PDF)<br>(RPT)<br>(XLS)<br>Record (XLS)<br>(RTF)<br>- Editable (RTF)<br>es (CSV) | 0% <b>•</b><br>rt | Referral ID #<br>Date Parameters: 6/1/2<br>ER FOR WOMEN INC.<br>rrado St | <b>Health</b><br>Report          |                  | 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  | ons               |  |                                  |                  |                    |                            |                                  |              |
|                   |   | 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<br>Service Connection<br>Referral ID #<br>15870                |                   | varado St Patient Name (Last,First) Test,Female                          | <b>Date of Birth</b><br>2/1/2002 | Gender<br>Female | Contact<br>N/A     | Appointment Date 6/22/2023 | Appointment Time 11:05 AM        |              |
|                   |   | Referral Connectio  | ns                |  |                                  |                  |                    |                            |                                  | -            |



### **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.



|                | Q appointm | nent                        |                           |   |
|----------------|------------|-----------------------------|---------------------------|---|
|                | Advanced C |                             |                           |   |
|                |            |                             | Here is what I found:     | ×   |
| MY TO DO'S     | All 1      | Clients 0 Staff 0 Forms 1   |                           |   |
| ≔              |            |                             | Forms                     | Image: A second seco |
| Additional ToD | Undock     | Name                        | Menu Option               |   |
| <mark> </mark> | Ľ          | Appointment Disposition Log | / Avatar PM / Assessments |   |
|                |            |                             |                           |   |
|                |            |                             |                           |   |
|                |            |                             |                           |   |
|                |            |                             |                           |   |

### **Appointment Disposition Log**



| Q      | a                                  |  |
|--------|------------------------------------|--|
| Result | 3                                  |  |
| ACFW   | 1135 South Alvarado St (0013)      |  |
| ACFW   | 1147 South Alvarado St (0014)      |  |
| INC. A | COHOLISM 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        |







| 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 |

| Select |                                |  |
|--------|--------------------------------|--|
|        |                                |  |
| Me     | dically/mental health unstable |  |
| Otl    | ner, please specify            |  |
| Ref    | erred to Another Agency        |  |