

SanWITS Contact Form Instructions

REQUIRED FORM:

The Contact Form is a required document in the client's file and is needed before an intake can be created.

WHEN:

This form will be created after the Profile. A contact should be created each time a client contacts the facility until an appointment is made. There must be a Contact to be able to create an intake.

COMPLETED BY:

Authorized agency representative

REQUIRED ELEMENTS:

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

NOTE:

You might have several Contacts before you create an Intake. The Intake must be linked to the last Contact created.

IMPORTANT: The [Complete Review](#) link converts the screen into "read only". Therefore, the Contact screen should be reviewed for accuracy and "Complete Review" action should be done at the time the client is present for intake.

Some of the fields in the Contact are tied to other parts of the system. Pay special attention to the "Source of Referral" question. If the Source of referral code values 7, 10 or 12 is entered, then the Criminal Justice Status question in the admission record cannot equal 1 "No Criminal Justice Involvement". If Source of Referral contains 7, 10, or 12 and Criminal Justice Status contains 1, an error will occur and the record will be rejected.

If Source of Referral code is value 8 (AB109 clients) then the Criminal Justice Status must be a value 4, or an error will occur and the record will be rejected.



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

SanWITS Contact Screen

CONTACT			(*REQUIRED)
*Initial Contact Date (Auto-populates to present date; IT MUST BE ORIGINAL DATE CLIENT MADE CONTACT)	*Stop Date (Auto-populates to present date- should be same date as initial contact date)	Created Date (Auto-populates when saved)	
Start Time (Auto-populates based on actual login time; If contact method = Phone, time should be changed to reflect actual start time of phone call)	*Stop Time (Required if Contact Method = Phone)	Duration (Auto-populates when saved)	
*Contact Method <input type="checkbox"/> Electronic <input type="checkbox"/> Phone <input type="checkbox"/> Walk-In	*Contact Reason <input type="checkbox"/> Information <input type="checkbox"/> Other <input type="checkbox"/> Routine Service	If Other, Specify	
*Source of Referral (Selection populates to the Intake screen and is read only; Important to review for accuracy before completing the review)	1- Individual, including self-referral 2- Alcohol/Drug Abuse Program 3- Other Health Care Provider 4- School/Educational 5- Employer/EAP 6- 12 Step Mutual Aid 7- Probation or Parole	8- Post-release Community Supervision (AB109) 9- DUI/DWI 10- Adult Felon Drug Court 11- Dependency Drug Court 12- Court/Criminal Justice Referral 13- Other Community Referral 14- Child Protective Services	
*Call Taker –(Auto-populates based on staff login; can be changed to reflect actual staff name)	Requestor Name	Requestor Phone #	
Contact Made By <input type="checkbox"/> Self <input type="checkbox"/> Family Member <input type="checkbox"/> Justice System <input type="checkbox"/> Other	* 1st Offered Intake/Screening Appt (Required when Disposition = Made Appointment)	* 1st Intake/Screening Appt Accepted (Required when Disposition = Made Appointment)	
* Benefit Type	<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal/Medicare <input type="checkbox"/> No Insurance	<input type="checkbox"/> Other/Private Insurance <input type="checkbox"/> Tricare <input type="checkbox"/> Veterans Admin <input type="checkbox"/> NA (Use when No appointment is made)	
Presenting Needs			
*Disposition	<input type="checkbox"/> Made an Appointment <input type="checkbox"/> No Appointment Made <input type="checkbox"/> Declined Appointment	<input type="checkbox"/> Referred Out to Another Level of Care <input type="checkbox"/> Referred Out for Non-SUD Services <input type="checkbox"/> Referred to Private Insurance Carrier	
Notes			

*** Required Field**