



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

SanWITS Encounter Screen

ENCOUNTER				(*REQUIRED)
*Note Type <input type="checkbox"/> DMC Billable <input type="checkbox"/> County Billable <input type="checkbox"/> Non-Billable Note	*Billable (Residential Bed Days will always = Yes; Outpatient and OTP County Billable and Non-Billable = No) <input type="checkbox"/> Yes <input type="checkbox"/> No			
*Program Name (Auto-populates from the Program Enrollment)	*Start Date (mm / dd / yyyy)	End Date (mm / dd / yyyy)		
*Service (Available values in drop-menu are linked to the Program Name added in Program Enrollment)	Start Time (00:00 am / pm)	End Time (00:00 am / pm)		
*Service Location <input type="checkbox"/> Non-Residential Substance Abuse TX Facility <input type="checkbox"/> Residential Substance Abuse TX Facility	Duration (00:00 am / pm)	<input type="checkbox"/> Days (Residential Bed Day / Dosing / WM) <input type="checkbox"/> Hrs (Do Not Use) <input type="checkbox"/> Mins		
*Contact Type <input type="checkbox"/> No Show <input type="checkbox"/> Face To Face <input type="checkbox"/> Phone <input type="checkbox"/> Telehealth <input type="checkbox"/> No Contact (Case Mgmt where there is no contact made)	Emergency <input type="checkbox"/> Yes <input type="checkbox"/> No	* # of Service Units/Sessions (Auto-populates)	*Medi-Cal Billable: (Only visible if client has a DMC Payor Group; Residential Bed Days will always = No) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pregnant/Postpartum (Auto-populates to "No" for Male) <input type="checkbox"/> Yes <input type="checkbox"/> No	*National Drug Code (11 digit code for MAT Brand Name or Generic Name Dosing only)			
*Visit Type (Available values in drop-menu are linked to the Service) <input type="checkbox"/> AS – Assessment <input type="checkbox"/> BD – Bed Day - Residential <input type="checkbox"/> CL – Collateral <input type="checkbox"/> CM – Case Management <input type="checkbox"/> CS – Crisis <input type="checkbox"/> WM – Withdrawal Mgmt <input type="checkbox"/> DC – Intensive Outpatient Services	<input type="checkbox"/> DP – Discharge Planning <input type="checkbox"/> DS – MAT – Dosing <input type="checkbox"/> FT – Family Therapy <input type="checkbox"/> GP – Group <input type="checkbox"/> HN – Housing Navigation <input type="checkbox"/> IN – Individual Counseling <input type="checkbox"/> IT – Intake		<input type="checkbox"/> MD – Methadone Dosing <input type="checkbox"/> MS – Medication Service <input type="checkbox"/> OI – Other Individual <input type="checkbox"/> PC – Physician Consult <input type="checkbox"/> SA – Substance Abuse Assistance <input type="checkbox"/> SC – Screening <input type="checkbox"/> TP – Treatment Planning	
*In what language was the service provided? (Auto-populates from Client Profile and can be edited) <input type="checkbox"/> English <input type="checkbox"/> American Sign Language <input type="checkbox"/> Amharic <input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Braille <input type="checkbox"/> Cambodian <input type="checkbox"/> Cantonese <input type="checkbox"/> Chinese <input type="checkbox"/> Czech	<input type="checkbox"/> Dutch <input type="checkbox"/> Fang Yan <input type="checkbox"/> Farsi <input type="checkbox"/> Finnish <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Greek <input type="checkbox"/> Gujarati <input type="checkbox"/> Hebrew <input type="checkbox"/> Hindi <input type="checkbox"/> Hmong <input type="checkbox"/> Hungarian <input type="checkbox"/> Ilocano <input type="checkbox"/> Indian (General)	<input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Lakota Sioux <input type="checkbox"/> Laotian <input type="checkbox"/> Large Print English <input type="checkbox"/> Malay <input type="checkbox"/> Mandarin <input type="checkbox"/> Marathi <input type="checkbox"/> Mien <input type="checkbox"/> Norwegian <input type="checkbox"/> Other Language <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese	<input type="checkbox"/> Puyallup <input type="checkbox"/> Romanian <input type="checkbox"/> Russian <input type="checkbox"/> Salish <input type="checkbox"/> Samoan <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Thai <input type="checkbox"/> Tigrigna <input type="checkbox"/> Turkish <input type="checkbox"/> Ukrainian <input type="checkbox"/> Unknown Non-English Language <input type="checkbox"/> Vietnamese <input type="checkbox"/> Yakama	

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* Was an interpreter used? (Based on each service)	
<input type="checkbox"/> No Interpreter Needed <input type="checkbox"/> Yes – Internal <input type="checkbox"/> Yes – External	
*Which Evidence-Based Practices were used?	
<input type="checkbox"/> None (Should only be used for no show and when there is no contact with the client) <input type="checkbox"/> Motivational Interviewing <input type="checkbox"/> Relapsed Prevention <input type="checkbox"/> Other	

* Required Field