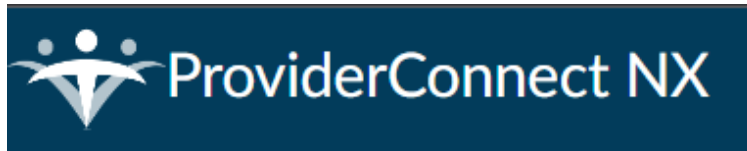




Substance Use Disorder Information System



Appointment Disposition Log

Contents

Overview	1
Referral Connection	1
Appointment Disposition Log	6
Referral ID Report	7

Overview

For those individuals, Network Providers must also meet access to care requirements which necessitates that the date of first service or intake appointment occurs no later than 10 business days from the date of referral or screening for all LOCs except OTPs which must occur no later than 3 business days from the date of referral or screening. To assist with those requirements, SAPC has developed a **Referral ID Report and an Appointment Disposition Log**. A **Referral ID Report** allows providers to review appointments made by a referring entity (SASH, CENS, CORE, or treatment provider). The **Appointment Disposition Log** indicates whether an individual showed or no showed to their appointment. Providers should pull the Referral ID Report on a weekly basis to complete the Appointment Disposition Log within three (3) business day of the scheduled referral appointment.

Referral Connection

Referral Connection is completed when an ASAM Triage Tool (ages 21+) was conducted for patients who are not referred by the CENS, SASH, or CORE. The following table lists each of the fields found on the Referral Connection form. A description is provided to help users identify how to fill in the fields and explain what values for single select fields.

REFERRAL CONNECTIONS Submit Backup Discard Add to Favorites

Referral Connection
SUD Referrals Provided

Date of Contact * **Time of Contact *** Current Time H M AM/PM

Referral Source * **Screening Site**

Specify Other Referral Source

Managed Care Type **What type of advertisement?**

ASAM Provisional Level of Care *

- 0.5 ASAM [Early Intervention]
- ASAM 1 [outpatient]
- 2.1 [Intensive Outpatient]
- 3.1 [Low-Intensity Res]
- 3.3 [Pop-Specific High-Intensity Res]
- 3.5 [High-Intensity Res]
- 3.7 [Medically Monitored Inpatient]
- 4 [Medically Managed Inpatient]
- OTP [Opioid Treatment Program]
- 1-WM [Outpatient WM]
- 3.2-WM [Res WM]
- 3.7-WM [Medically Monitored Inpatient WM]
- 4-WM [Medically Managed Inpatient WM]
- Recovery Services
- Negative Screening for SUD
- Incomplete
- Refused

Level of Care Override Reason *

- 1 Clinical Judgment Disagrees with ASAM
- 2 Court Mandated - Referred to CENS
- 3 Patient Preference for other LOC
- 5 None - Final Disposition Same as ASAM
- 99 Other

Override Explanation

Currently Pregnant? * Yes No Unsure N/A

Is the client currently in custody? Yes No

If the individual indicated frequent heroin or opioid medication use within the past 30 days, a referral may also be made to an Opioid Treatment Program (OTP) and/or Medication for Addiction Treatment (MAT) provider.

Was a referral to OTP or MAT services made? Yes No

Referral ID # 92

The provider will need this number to record a No-Show if the patient does not show up for their scheduled appointment.

CIN **Aid Code**

Insurance Coverage *

Overall Disposition *

Notes

Form Status * Draft Final

Referral Connection	
Date of Contact	Required Date client was seen
Time of Contact	Required Time client was seen
Referral Source	Required Select the entity who referred the patient for SUD services or Self-Referral:

	<ul style="list-style-type: none"> • Advertisement • CDCR (CA Dept of Corrections/Rehab) • DCFS - General • DHS (Dept Health Services) • DHS-CHS (Correctional Health Services) • DHS-ODR (Office Diversion/Reentry) • DMH • DPSS (Dept Public Social Services) • FQHC (Federally Qualified Health Center) • Housing Provider • IHOP • Internet Search • LA City Attorney • LASD (Los Angeles Sheriff's Dept) • Law Enforcement • MAMAS Program • Managed Care • MH Hospital • MH Outpatient • Other (Specify in Notes Section) • Pallet Shelter • Parent/Family Member/Caregiver • Private Hospital/Clinic • Probation • Project Homekey • Public Defender • Safe Parking • SAPC Provider • SASH Call Agent • School • Self-Referral • Superior Court - LA County • Whole Person Care
Specify Other Referral Source	If "Other" is selected in the Referral Source field, enter the other referral source in the text box.
Screening Site	Enter program site where client was screened
Managed Care Type	<p>Select the type of managed care if "Managed Care" was selected from Referral Source.</p> <ul style="list-style-type: none"> • Anthem • Carelon • Health Net/MHN • Kaiser • LA Care • Molina • Promise
What type of advertisement?	<p>Select the type of advertisement if "Advertisement" was selected from Referral Source.</p> <ul style="list-style-type: none"> • Billboard/poster/sign • Radio • Social Media • Streaming • Television

	<ul style="list-style-type: none"> • Unsure
ASAM Co-Triage Provisional Level of Care	<p>Required</p> <p>Select ASAM Co-Triage result or override reason</p> <ul style="list-style-type: none"> • 0.5 ASAM [Early Intervention] • ASAM 1 [outpatient] • 2.1 [Intensive Outpatient] • 3.1 [Low-Intensity Res] • 3.3 [Pop-Specific High-Intensity Res] • 3.5 [High-Intensity Res] • 3.7 [Medically Monitored Inpatient] • 4 [Medically Managed Inpatient] • OTP [Opiod Treatment Program] • 1-WM [Outpatient WM] • 3.2-WM [Res WM] • 3.7-WM[Medically Monitored Inpatient WM] • 4-WM [Medically Managed Inpatient WM] • Recovery Services • Negative Screening for SUD • Incomplete • Refused
Level of Care Override Reason	<p>Required</p> <p>If ASAM Provisional Level of Care selected is different from Co-Triage result. Select Override reason:</p> <ul style="list-style-type: none"> • 1 Clinical Judgment Disagrees with ASAM • 2 Court Mandated - Referred to CENS • 3 Patient Preference for other LOC • 5 None - Final Disposition Same as ASAM • 99 Other
Override Explanation	Enter other override reason not listed in "Level of Care Override Reason"
Currently Pregnant?	<p>Required</p> <p>Select if client is currently pregnant:</p> <ul style="list-style-type: none"> • Yes • No • Unsure • N/A
Is the client currently in custody?	<p>Select if client is currently in custody:</p> <ul style="list-style-type: none"> • Yes • No
Was a referral to OTP or MAT services made?	<p>Select if client was referred to OTP or MAT Services:</p> <ul style="list-style-type: none"> • Yes • No
Referral ID #	Sage automatically generate an ID number for each Referral Connection form
CIN	Enter Medi-Cal beneficiary's Client Index Number (CIN) if available. The CIN is the first nine characters of the identification number located on the front of the beneficiary's Benefits Identification Card. If CIN is not available, please select Insurance Coverage.
Aid Code	Enter the aid codes that identifies the types of services for which Medi-Cal and public health program recipients are eligible.
Insurance Coverage	<p>Required</p> <p>Select the type/status of insurance coverage listed:</p>

	<ul style="list-style-type: none"> • Ineligible • Medi-Cal Eligible • Medi-Cal Eligible (LAC) • Medi-Cal Eligible (non-LAC) • Medi-Cal Pending • Medi-Cal/Medicare Enrolled • Private insurance • Select County Program (e.g. AB 109) • Unable to verify
Overall Disposition	<p>Required Select the outcome of the screening/referral: After Hours - Left Message for Provider</p> <ul style="list-style-type: none"> • Called 911 for emergency: called 911 during screening. • Cannot Complete: Started co-triage, but client refused to complete Co-Triage. • Not Eligible (County of Residence): Cannot refer to SUD treatment due to out of LA County. • Not Eligible (Coverage): Cannot refer to SUD treatment due to insurance coverage. • Patient Prefers to wait for availability: client was screened but an appointment for a specific provider location was not available, and the client stated they wanted to wait for an appointment or availability at that facility. • Referred to Next Most Appropriate LOC: Client was screened at a level of care (LOC) but due to a lack of availability, was referred to the next most appropriate LOC. • Referred to Other Services: Client does not need SUD treatment, but other service/information was provided to client not listed. • Referred to Whole Person Care • Refused Referral or Treatment: Client was screened and needs SUD treatment but refused treatment services. • Successful Referral to Treatment: Client was screened and provided with a schedule appointment with a treatment agency or provided with agency information for walk-in.
Notes	
Referral Treatment Provider	Enter/Select SAPC provider and site that was contacted.
Referral Site Disposition	Select the outcome of the agency/site that was contacted or reason why agency refused client. <ul style="list-style-type: none"> • After Hours Call (Referral Info Only) • Intake Not Available - SBAT Shows Open • Intake Not Scheduled - Site to call back • Intake Scheduled (0-9 Minutes) • Intake Scheduled (10 Minutes or more) • No Answer/Direct to VM (Intake Hours) • Patient Refused w/ Provider Contact • Refused LAC Medi-Cal Enrolled • Refused Language/Culture Need • Refused Medi-Cal Eligible/Unenrolled • Refused Mental Health Condition • Refused MHLA Enrolled/Eligible • Refused Non-LAC Medi-Cal Enrolled

	<ul style="list-style-type: none"> • Refused Physical Health Condition • Refused Program Rule/Requirement • Refused Wheelchair/ADA Accessibility • Waitlist - Patient Preference • Waitlist - Provider Indicated • Walk-Ins Only
Appointment Status	Select if appointment was scheduled or not
Appointment Date	If appointment was scheduled, enter date of appointment
Appointment Time	If appointment was scheduled, enter time of appointment
Other Referral Provider	Select, if referring provider is not listed in "Referral Treatment Provider" field or out of network.
Other Provider Name	If Other Referral Provider is selected, enter agency name and location
Form Status	Select Draft or Final

Appointment Disposition Log

The Appointment Disposition Log tracks client after being screened and referred by SASH, CENS, CORE, or treatment provider. Appointments are coordinated and entered into the Referral Connection/Service Connection Log.

Treatment providers are required to complete an appointment disposition for each appointment scheduled based on a referral to verify whether a client arrived to their appointment. When a client missed their appointment, treatment provider must contact client (with at least three attempts) to reschedule appointment. Treatment providers must submit a new appointment disposition log using the same Referral ID for every rescheduled appointment.

The following table lists each of the fields found on the Appointment Disposition Log form. A description is provided to help users identify how to fill in the fields and explain what values for single select fields.

Appointment Disposition Log	
Appointment Date	Required. When network provider, SASH, CENS, CORE contacts treatment provider to confirm an appointment.
Program Site	Required. Select your provider site.

Referral ID Type	Select the type of referral. This information can be found on the Referral ID Report.
Referral Connection Referral ID	Required if selected Referral Connection Referral. For tracking purposes, enter the Referral Connection Referral ID. This Referral ID is from when network provider completes the Referral Connection form in Sage, the form generates a Referral ID number. This information will populate onto the Referral ID Report.
Service Connection Referral ID	Required if selected Service Connection Referral. For tracking purposes, enter the Service Connection Referral ID. This Referral ID is from when SASH/CENS/CORE completes the Service Connection Log form in Sage, the form generates a Referral ID number. This information will populate onto the Referral ID Report.
Program Site	Optional. Select your provider site.
Appointment Disposition	Required. Select the outcome of the appointment with the following: <ul style="list-style-type: none"> • No Show – Appointment Reschedule (treatment provider or client reached to reschedule appointment) • No Show – Client Refused (treatment provider reach out to client and client refused treatment) • No Show – Unable to Contact (treatment provider must reach out to client at least three times) • Showed – Admitted to Treatment (client arrived to appointment and was admitted to treatment) • Showed – Client Refused Treatment (client arrived to appointment and refused treatment) • Showed – Not Admitted for Treatment (client arrived to appointment, but cannot admitted to treatment.
Not Admitted to Treatment Reason	If client showed and was not admitted for treatment, select reason: <ul style="list-style-type: none"> • Medically/mental health unstable • Other, please specify • Referred to another agency
Please Specify	If selected “Other, please specify” in the “Not Admitted for Treatment Reason field. Enter the reason why client was not admitted for treatment with your agency.
Reschedule Appointment Date	If “No Show – Appointment Reschedule” was selected in the “Appointment Disposition”. Enter the rescheduled appointment date.

Referral ID Report

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) who screened client with a provisional level of care. Based on screening results, SASH, CENS, CORE, or direct providers have contacted your agency site and arranged an appointment for assessment/intake. The report provides client Name, Date of Birth, gender information for validation purposes, preferred contact, and appointment date (and time if available) for referrals made to your agency. This report is to provide referral information and ensure individual show or no show to their appointment are tracked correctly. Providers should pull this report on a daily basis to complete the Appointment Disposition Log form and input the outcome of a individual’s appointment status within three (3) business days of the scheduled referral appointment.

Report Parameters:

Parameter	Description
Start Date	The earliest appointment date the report will pull.
End Date	The latest appointment date the report will pull.
Select Provider(s)	Select your agency.

Process Discard Add to Favorites

REFERRAL ID REPORT

Referral ID Report

Start Date *


Select Provider(s) *

All | Clear

RECOVERY, INC.


End Date *

Report Output:



Referral ID # Report

Date Parameters: 12/1/2023 - 12/12/2023



12/12/2023

Agency: Recovery, Inc.
 Location: Recovery Facility

Service Connections Log

Referral ID #	PATID	Patient Name (Last,First)	Date of Birth	Gender	Contact	Appointment Date	Appointment Time
138429	171926	Test,Admission	1/1/1952	Male	N/A	12/12/2023	10:53 AM

Referral Connections

Referral ID #	PATID	Patient Name (Last,First)	Date of Birth	Gender	Contact	Appointment Date	Appointment Time
12179	198802	Test,Client	10/19/2004	Male	N/A	12/12/2023	10:55 AM

Report Output Fields:

Field	Description
Agency	Show your agency name.
Location	Information is grouped by agency site address.
Service Connection Log	Information is grouped by Service Connection Log to indicate appointment was made by either SASH, CENS, or CORE.
Referral Connection	Information is grouped by Referral Connection to indicate appointment was made by provider.
Referral ID #	Service Connection/Referral Connection form identification number.
PATID	The patient's Sage identification number.
Patient Name (Last, First)	The patient's last and first name.
Date of Birth	The patient's date of birth.
Gender	The patient's gender.
Contact	The patient's prefer contact information (if available).
Appointment Date	The appointment date entered in Service Connection or Referral Connections form.

Appointment Time	The appointment time entered in Service Connection or Referral Connections form (if available).
------------------	---

Report Export:

The recommended export format for this report is Adobe Acrobat (PDF). Click **Export** at the top of the screen, in the **Format** section select “Adobe Acrobat (PDF)” from the drop down, then click **Ok**. This export will permit the viewing of the report.

If users are manipulating the data, such as filtering and/or sorting, the recommended export is Microsoft Excel Record (XLS). This permits the manipulation of data by grouping, such as the Service Connections Log by site or Referral Connections by site. Please note that three additional boxes need to be checked off and one defaulted box must be unclicked.

	A	B	C	D	E	F	G	H	I
1	Referral ID # Report								
2	Date Parameters: 1/1/2021 - 12/19/2023								
3						12/19/2023			
4									
5	Location: Recovery Facility								
6	Service Connections Log								
7		Referral ID #	PATID	Patient Name (Last,First)	Date of Birth	Gender	Contact	Appointment Date	Appointment Time
8		15753	159904	Recovery,Test	12/1/2000	Male	N/A	4/1/2021	02:14 PM
9		15913	161389	Patient,Treatment	1/1/1990	Male	N/A	10/10/2023	04:14 PM
10		15915	160417	Test,Address	1/22/2000	Female	N/A	12/15/2023	12:01 PM
11									
12	Referral Connections								
13		Referral ID #	PATID	Patient Name (Last,First)	Date of Birth	Gender	Contact	Appointment Date	Appointment Time
14		37	159928	Cens,Sapc	7/1/2017	Unknown	N/A	4/1/2021	02:29 PM
15		91	159934	Test,Client	7/27/2019	Male	N/A	12/11/2023	12:04 PM