Provider Site Admission and Discharge Workflow Guide

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Overview

SAPC's current Sage workflow involves having a single agency episode per patient per provider. While this allows for a patient's full history to be accessible in a single episode, it does prevent the ability to track discrete treatment admissions. The Provider Site Admission form was created to bridge that gap thereby giving a true admission date by site location as well as level of care. When used in combination with SAPC's discharge process, providers will have visibility on their current census, as well as get metrics regarding length of stay and number of admissions/discharges for a given period.

This guide will outline the workflow for admissions and discharges.

Admissions

Verifying if a patient is already in Sage

When an individual comes for a screening/treatment they need to be enrolled in Sage for any billing to occur. The first step would be to verify if the individual already exists in Sage.

1. Verify through the general smart search if the patient's name, social security number, or Client Index Number (CIN) are a match in Sage for having an existing episode at your agency.

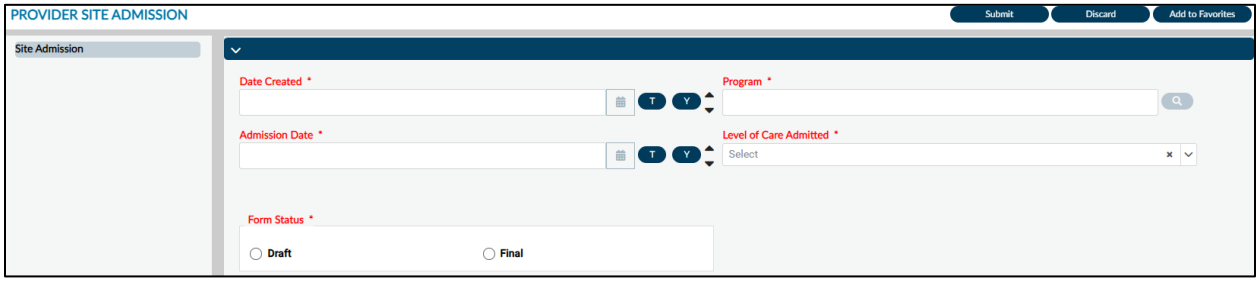
2. If the patient does not appear in the general smart search, open the **Admission (Outpatient)** form, and do a client search. This will search all of Sage and not just patients who already have an episode for your agency.
    a. If the search results yield a match for the specified individual, double click the row and the Admission (Outpatient) form will open.
        i. If the search yields several results, look through the rows to verify the individual is not already in the system, perhaps with a slightly different spelling of name.
    b. If the yielded results do not match the individual, click on **New Patient** and complete the Admission (Outpatient) form.

The Admission (Outpatient) form is completed once per patient, per agency. Creating a new patient record through the Admission (Outpatient) form for an already existing patient can have implications for billing. Duplicate patients need to be reported via a Sage Helpdesk ticket so the records can be merged. Once a patient has an open admission episode, then the Provider Site Admission form can be completed.

Provider Site Admission

Effective July 1, 2024, the Provider Site Admission form is required to be completed in Sage by Primary and Secondary Sage users. This form is to be completed for any new/readmitted patient as of 7/1/2024. However, providers are highly encouraged to enter patients who carried over from FY 23/24 to FY 24/25. Including these historical admissions will help provide an accurate census considering there will be an accompanying report.

The Provider Site Admission form is comprised of five (5) fields intended to give specificity to when and where a patient is admitted or readmitted.



Field	*Description*
Date Created	Required. This field is auto populated with today's date. This field should not be altered as it reflects the date the form was created for the patient.
Admission Date	Required. Enter the date the patient was admitted to the program.
Program	Required. Programs begin with the agency's system code followed by the site address. This is similar function to the program field in the Progress Note. Typically, this is the site location associated with the Authorization.
Level of Care Admitted	Required. Enter the level of care the patient is admitted to. This is based on benefit plan options that became available in FY 23/24.
Form Status	Required.

	Select Draft or Final as appropriate. If this form was created during the intake process but before the full ASAM is completed, it is recommended this form be left in Draft until an accurate LOC placement is identified.

When to Complete the Provider Site Admission

Once a patient has a Sage identification number (PATID), providers may continue documenting the intake process within Sage, which may include completing an ASAM (Co-Triage or Continuum), Financial Eligibility, Consent forms, etc. When there is an identified level of care, such as through the completion of the ASAM, the Provider Site Admission form should be completed. The form may remain in draft status until all the pertinent information is collected.

Impact on Service Authorization Requests

This form should be finalized before submitting an "Initial" Service Authorization Request, as Utilization Management (UM) Care Managers will verify its completion as part of the authorization review process. If the Provider Site Admission form is missing or does not match the information on the Service Authorization Request, the authorization is subject to denial.

**Note: "Initial" is referring to the "Initial or Continuing Authorization" field.*

When to Complete a New Provider Site Admission

The following are scenarios that would warrant a new Provider Site Admission record:

- Each patient admission/readmission to an ASAM Level of Care (LOC), Recovery Bridge Housing, Contingency Management, and/or standalone Recovery Services
- A patient transitions from one LOC to another within the same site
- If multiple LOCs are rendered at the same site, separate Provider Site Admission forms are required:
    - OTP and another LOC
    - Contingency Management and a LOC
- A patient is discharged and returns to the site for the same or other LOC, a new Provider Admission form is required

It is possible for patients to accumulate multiple Provider Site admission records. These, in combination with the Discharge forms will provide information on the duration patients are in treatment per level of care and help identify any trends.

Troubleshooting

If after finalizing and submitting the form an error is noticed, providers should open a Sage Helpdesk ticket to request a final to draft record modification. When creating the Helpdesk ticket include the dates as listed on the finalized form, not what the corrected data should be. This will help identify the correct record much faster. The Date Created field will be locked and cannot be changed, however the remaining three fields can be corrected.

- Permitted corrections once the Provider Site Admission form is reverted to draft:
    - **Admission Date correction**: Enter the correct admission date.

- **Site correction**: Site corrections are not expected to be a common occurrence and likely to occur by accidental scrolling or clicking from the generated list options.
- **Level of Care Admitted correction**: Level of care corrections may be needed in the event that the form was submitted with a LOC that matched the Service Authorization Request and the authorization was denied because the level of care was not justified. UM may authorize a different level of care and the Provider Site Admission form should be updated to reflect the correct LOC.
- **Wrong patient correction**: If a record was entered for the wrong patient, once the form is reverted to draft, navigate to the pre-display, single click on the desired record, and click Delete to delete the record from the incorrect patient's chart.

**Note: Only forms in draft may be deleted.*

Discharges

SAPC currently has four discharge related forms, Cal-OMS Discharge, Cal-OMS Administrative Discharge, Discharge and Transfer Form, and the Recovery Bridge Housing Discharge. This guide only focuses on the Discharge and Transfer Form and the Recovery Bridge Housing Discharge. For addition information on Cal-OMS please visit the SAPC Website.

The Discharge and Transfer Form and Recovery Bridge Housing Discharge have been updated to remove obsolete questions and add fields related to existing policies.

All providers are required to complete these forms in Sage. The combination of the Provider Site Admission and one of the two discharges will populate a report that will identify active patients and provide length of stay per patient.

When to complete a Discharge

The Discharge and Transfer Form should be completed by all treatment providers:

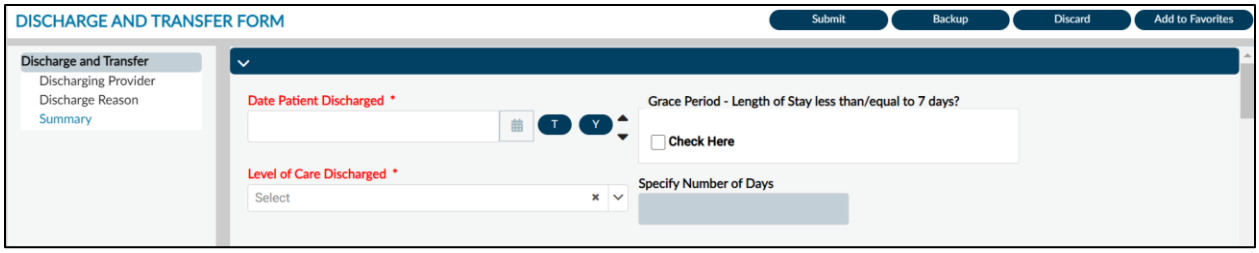
- A patient is transitioning to a different LOC
- A patient is being discharged from any LOC (e.g., they are stepping up or down to other LOCs)

**Note: Recovery Bridge Housing (RBH) and pre-admit Recovery Services are exempt from completing the Discharge and Transfer form.*

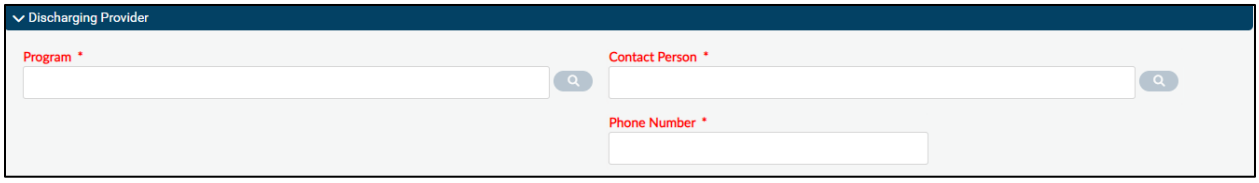
The Recovery Bridge Housing Discharge form is to be completed on the day of discharge from the patient's RBH stay.

Discharge and Transfer Form

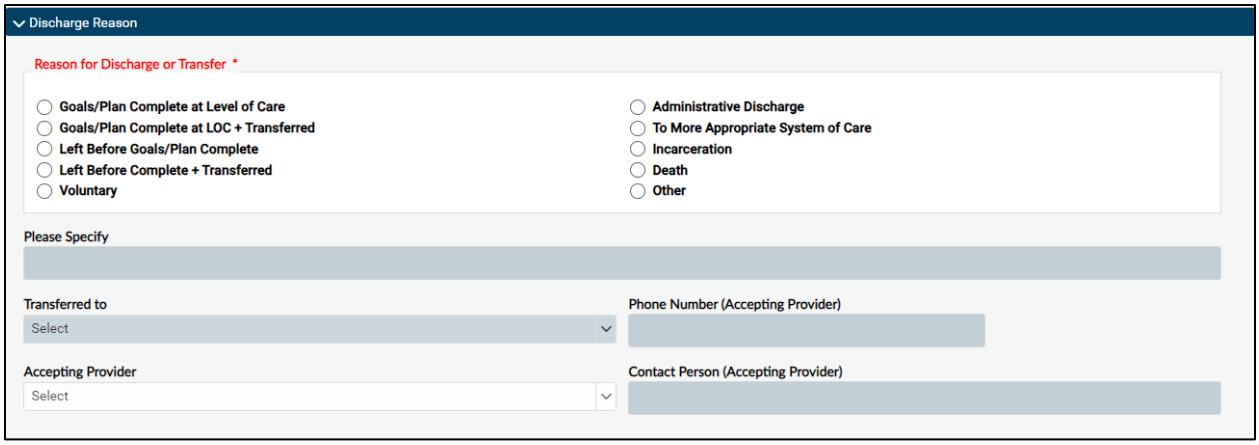
The Discharge and Transfer Form is comprised of 4 parts. The images below are accompanied by a table describing the form fields.



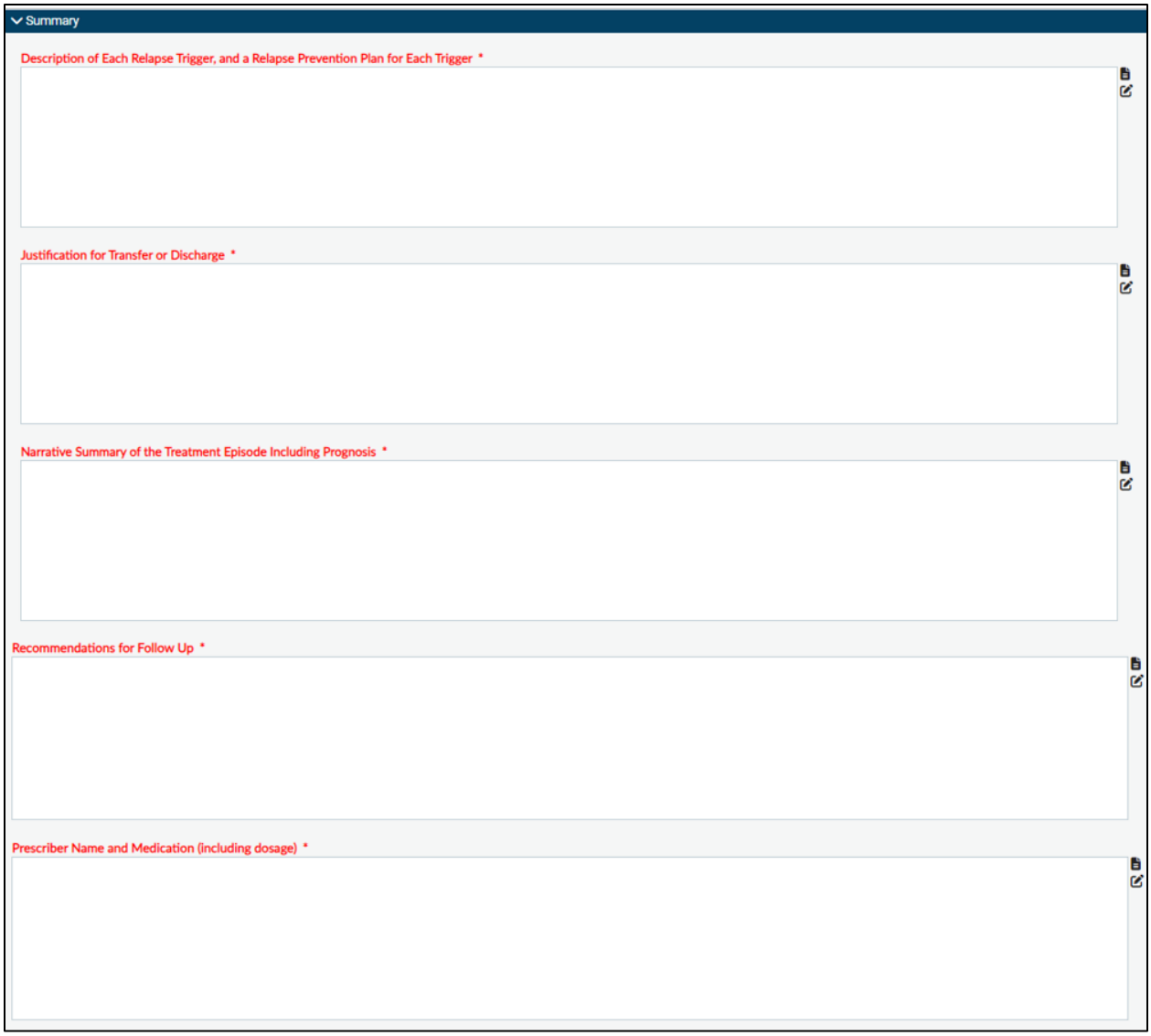
Field	*Description*
Date Patient Discharged	Required. Enter the date the patient was discharged from the program. The form defaults to today's date.
Level of Care Discharged	Required. Select the level of care the patient from which the patient is being discharged. This should match the patient's authorization, except for RBH and Recovery Services. **Note: it is important that this field matches the same level of care from the corresponding Provider Site Admission as that will allow for more accurate reporting and length of stay calculations.*
Grace Period -Length of Stay less than/equal to 7 days?	Check box if residential stay was 7 calendar days or less.
Specify Number of Days	If applicable, enter the number of days in residential.



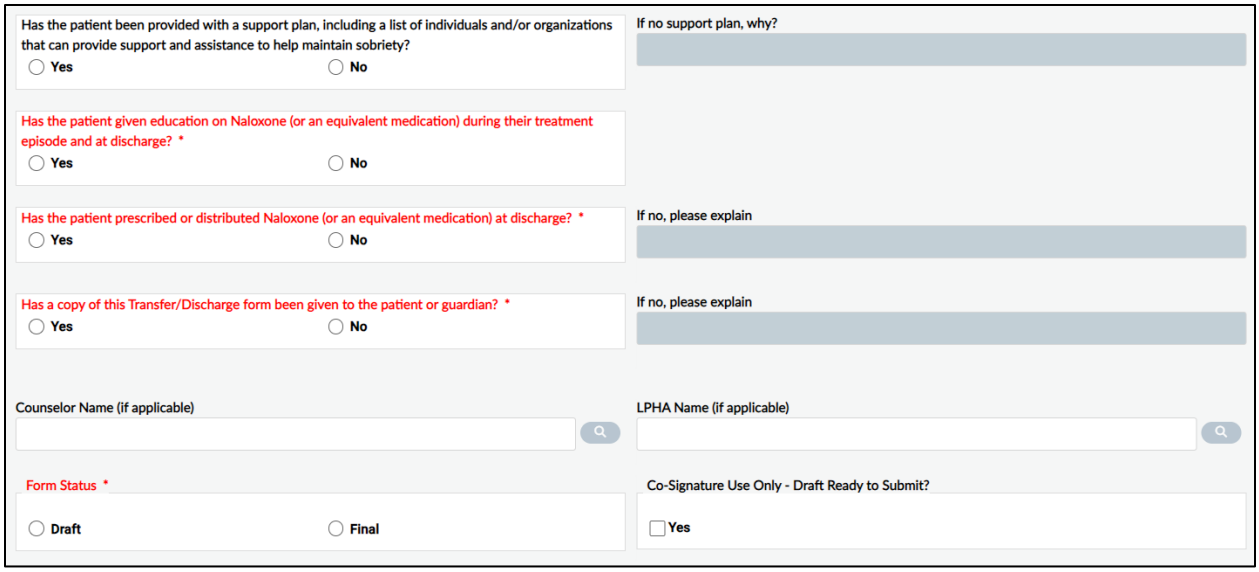
Field	*Description* __
Program	Required. Search the program site from which the patient is being discharged.
Contact Person	Required. Search for staff person's name (last,first) identified as the contact person.
Phone Number	Required. Enter the best phone number for the Contact Person.



Field	*Description*
Reason for Discharge or Transfer	Required. Click on the most appropriate description.
Please Specify	Conditionally Required This is a conditionally required field based on the Reason for Discharge or Transfer that allows for elaboration.
Transferred to	Conditionally Required This is a conditionally required field based on the Reason for Discharge or Transfer selection. Select whether the patient is going to a higher or lower LOC.
Accepting Provider	Conditionally Required This is a conditionally required field based on the Reason for Discharge or Transfer selection. Select the Agency to which the patient is transferring.
Phone Number (Accepting Provider)	Conditionally Required This is a conditionally required field based on the Reason for Discharge or Transfer selection. Enter the phone number for the accepting provider.
Contact Person (Accepting Provider)	Conditionally Required This is a conditionally required field based on the Reason for Discharge or Transfer selection. Enter the identified contact person at the accepting provider's agency.



Field	*Description*
Description of Each Relapse Trigger, and a Relapse Prevention Plan for Each Trigger	Required. This is a free text box to include the discharge plan information.
Justification for Transfer or Discharge	Required. This is a free text box to describe the justification for transfer/discharge.
Narrative Summary of the Treatment Episode Including Prognosis	Required. Provide a narrative of the patient in treatment.
Recommendation for Follow Up	Required. Include any recommendations for the patient after transfer/discharge.
Prescriber Name and Medication (include dosage).	Required. If not applicable, enter N/A. Enter medication information.

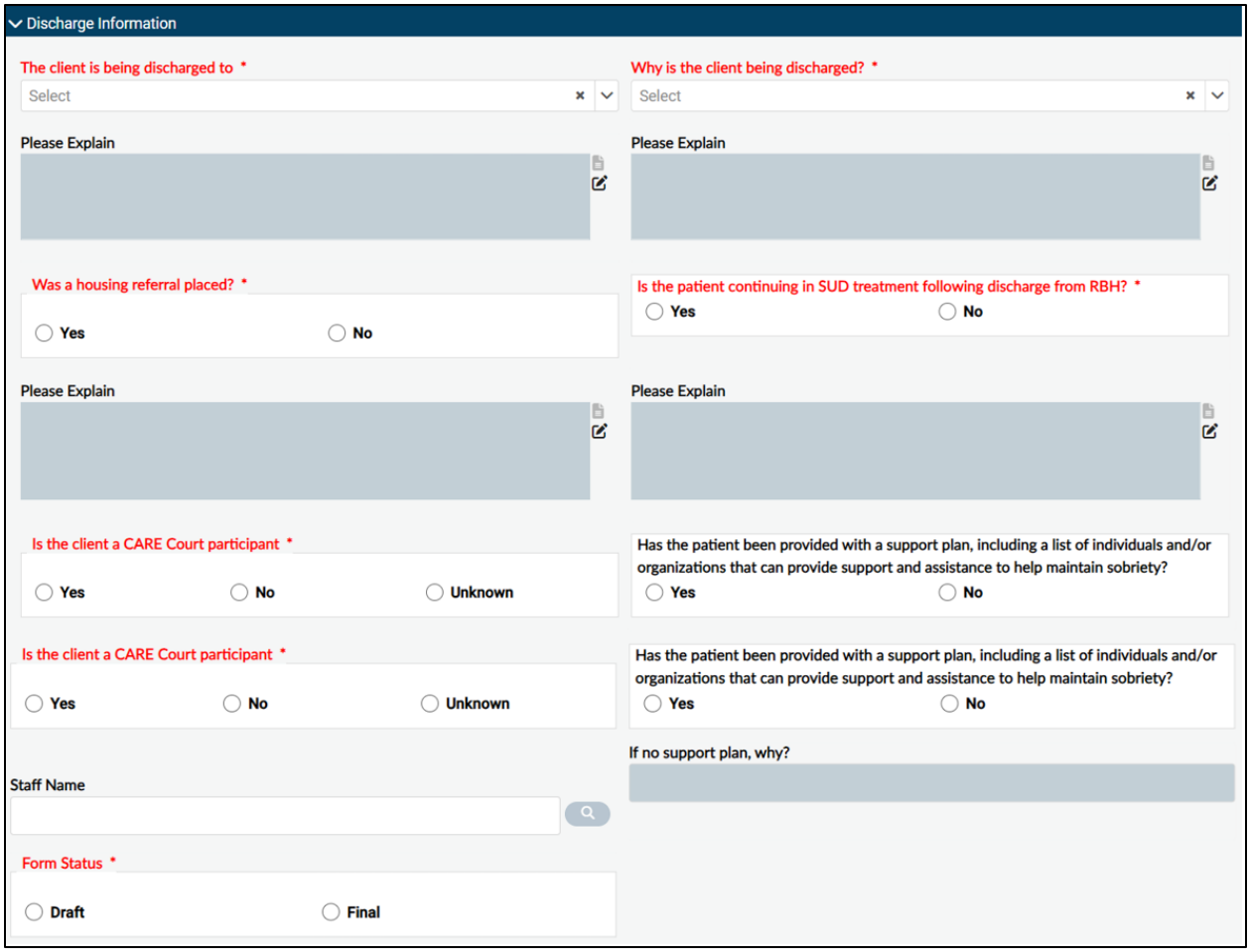


Field	*Description*
Has the patient been provided with a support plan, including a list of individuals and/or organizations that can provide support and assistance to help maintain sobriety?	Select Yes or No.
If no support plan, why?	Conditionally Required. If the previous question was no, explain why there was not a support plan provided.
Has the patient given education on Naloxone (or an equivalent medication) during their treatment episode and at discharge?	Required. Select Yes or No.
Has the patient prescribed or distributed Naloxone (or an equivalent medication) at discharge? *	Required. Select Yes or No.
If no, please explain	Conditionally Required. Provide explanation.
Has a copy of this Transfer/Discharge form been given to the patient or guardian?	Required. Select Yes or No.
If no, please explain	Conditionally Required. Provide explanation.
Counselor Name (if applicable)	If form is completed by counselor, enter name here.
LPHA Name (if applicable)	Enter name of the LPHA, if the form is completed or finalized by LPHA.
Co-Signature Use Only - Draft Ready to Submit?	Check Yes if ready for LPHA to finalize
Form Status	Required. Select Draft or Final.

Recovery Bridge Housing Discharge

The Recovery Bridge Housing Discharge form is exclusively for RBH providers. The images below are accompanied by a table describing the form fields.

Field	*Description*
RBH Discharge Date	Required. The form defaults to today's date. Enter the date the patient was discharged from the program.
Program	Required. Search the program site from which the patient is being discharged.
Contact Person	Required. Search for staff person's name (last,first) identified as the contact person.
Phone Number	Required. Enter the best phone number for the Contact Person.



Field	*Description*
The client is being discharged to	Required. Select the most appropriate value: • An institution • Interim/temporary housing (shelter) • Other destination • Permanent housing (PSH, family) • Unknown • Unsheltered/street homelessness
Please Explain	Conditionally Required. If "Other destination" is selected in the previous question, provide details in this field.
Why is the client being discharged?	Required. Select the most appropriate value: • Other • Referral to higher level of care • The client found stable housing • The client is no longer interested • The client used all approved time

Please Explain	Conditionally Required. If "Other" is selected in the previous question, provide details in this field.
Was a housing referral placed?	Required. Select Yes or No.
Please Explain	Conditionally Required. Provide an explanation as to why a housing referral was or was not placed.
Is the patient continuing in SUD treatment following discharge from RBH?	Required. Select Yes or No.
Please Explain	Conditionally Required. Provide more information if the patient is continuing in treatment.
Is the client a CARE Court participant	Required. Select Yes, No or Unknown.
Has the patient been provided with a support plan, including a list of individuals and/or organizations that can provide support and assistance to help maintain sobriety?	Select Yes or No.
If no support plan, why?	Conditionally Required. If the previous question was no, explain why there was not a support plan provided.
Staff Name	This is a prepopulated field with the user's name who created the form.
Form Status	Required. Select Draft or Final.