

DATA POINTS	Data Outputs	Work group	Dim	SOURCE	Pre Auth	Reauth	Placem ent
Top of the form (background info)							
Client name (first last)		OP/THU					
Client ID (unicare#)		OP/THU					
Client DOB		OP					
Gender		THU			x		x
Client Phone		OP					
Client address		Egle					
Admit Date?		Res/OP		Demographic, etc All (currently on GW screening form)			x
Payor/insurance-Currently valid? (drop down menu)		Res/OP		Demographic, etc BRFS (is this the GW screen)	x		x
# benefit days utilized (calculated based on admit etc dates)	x	Res		Demographic, etc	x		x
# of benefit days used (LOS) in the current TX episode, LOC and current plan/benefit year	x	Res/OP		Demographic, etc	x		x
Referral source (drop down menu from GW screen)		Res		Demographic, etc demogr & performance measure			x
Currently under care of PCP? Name, address/phone		Egle		AMT LOC form			
Currently receiving MH services? Where?		Egle		AMT LOC form			
Action Steps: Total number of Action Steps assigned (sum of actions steps per dimension)	x	Res		outcome measure			x
Total number of Action Steps Completed (sum of actions steps per dimension)	x	Res		outcome measure			x
Current LOC / services (drop down menu)		OP		QJ auth form			x
Preferred location of services (drop down menu)		OP		QJ auth form			x
Requested LOC / services (drop down menu, include res via detox)		OP		QJ auth form			x
Referring provider name: print, sign, date		OP		QJ auth form			x
Referring provider phone #		OP		QJ auth form			x
Referring provider agency/address/fax		OP		QJ auth form			x
Type of request (Urgent, Routine, Retro-active in case of walk in, need to define drop down menu)		OP			x	x	x
Dim. 1							
SUD diagnosis		OP					
Dim 1 severity score (0 - 4)				ATXA, YTXA, ADMS, YDSM			
Dim 1 action steps assigned (field for # and n/a)							
Primary Substance		Res	1	BRFS, AAQU, YAQU, ATXA, YTXA, AAUP, YAUP, ADMS, YDSM, ADQU, YDQU, BADD	x MN		
Date of last use (primary)		FCS					
Primary, Route of Admin.		Res	1	AAQU, YAQU, ATXA, YTXA, AAUP, YAUP, ADMS, YDSM, BADD			x
Primary, Days used Past 30 days		Res	1	AAQU, YAQU, ATXA, YTXA, AAUP, YAUP, ADMS, YDSM, ADQU, YDUQU, BADD, BRFS	x		
Has your drug choice that you use daily resulted in withdrawal symptoms like night sweats, hand tremors (shaking), seizures, strong cravings to use?		Res	1		x MN		x
How many days have you injected drugs in the last 30 days?		Res	1		x		
Dim. 2							
Dim 2 severity score (0 - 4)				ATXA, YTXA, ADMS, YDSM			
Dim 2 # action steps assigned							
Do you require any accommodations we need to inform the provider of?		Res/OP/THU	2	AAQU, YAQU, ATXA, YTXA, AAUP, YAUP, ADMS, YDSM, BADD			x
Are you pregnant? Placement		Res/THU	2	BRFS, AAQU, YAQU, ATXA, YTXA			x
What medication is prescribed as part of your substance use treatment? Placement: Info to receiving provider		Res	2 or 5	AAQU, YAQU, ATXA, YTXA			x
Seizures? Placement		Res	2	AAQU, ATXA			x
Dim. 3							
Dim 3 severity score (0 - 4)				ATXA, YTXA, ADMS, YDSM			
Dim 3 # action steps assigned							
Are you conserved?		Res	3	BRFS			x
Trouble controlling violent behavior 30 days (yes/no, provide details on risk potential)		Res	3	ATXA, ADMS			x
Attempted suicide past 30 days (if yes, provide details on risk potential)		Res	3	ATXA, YTXA, ADMS, YDSM			x
Dim. 4							
Dim 4 severity score (0 - 4)				ATXA, YTXA, ADMS, YDSM			
Stage of readiness for change		Egle/FCS					
Dim 4 # action steps assigned							
Treatment intensified at the current LOC (if not start of tx episode)		Egle					
Number of sessions missed last 30 days (if not start of treatment episode) drop down menu of reasons for missing to account for lockout		Egle					
Dim. 5							
Dim 5 severity score (0 - 4)				ATXA, YTXA, ADMS, YDSM			
Dim 5 # action steps assigned							
Dim. 6							
Dim 6 severity score (0 - 4)				ATXA, YTXA, ADMS, YDSM			
Dim 6 # action steps assigned							
For QJ use only:							
# prior tx admissions- QJ will look up in DADS			5	DADS Previous Cost Center Report			
PriorCostCenterAdmissions report. (benefit days/units used per		Res/OP			x MN		x
Bottom of the form (auth info)							
Date request received		OP/THU		THU Access database, QJ auth form	x		x
Determination: approved/denied/ rejected(procedural reasons)		OP		QJ auth form	x	x	x
Date of determination		OP		QJ auth form	x	x	x
# bed days/ sessions approved		OP			x	x	
Start and end dates authorization is valid (6 mos?)							
Service provider for authorized LOC							
Reason for determination: A, D, R		OP		QJ auth form	x	x	x
Recommendation, if D, (narrative or drop down?)		OP		QJ auth form	x	x	x
Name of authorizing staff		OP		QJ auth form	x	x	x
Signature of authorizing staff		OP		QJ auth form	x	x	x
Type of authorization: initial, re-auth							
THU specific points							
PFN #		THU		GW screen			
CDCR#		THU		GW screen			
Date paperwork completed (Packet completed? Is this the same as WL date?) (Date receipt confirmation sent to OP cns)		THU					
Client Type (drop down menu: AB109, DWC, ASOC, DD, 290 etc.) Is this the same as "bed type" (DWC mainly)		THU		GW screen			
DA requirement (Probation, pull down menu: certified, uncertified)		THU		PO feedback			
Date sent to Probation		THU		PO feedback			
Date returned by Probation		THU		PO feedback			
Advisement status (acceptable/unacceptable)		THU		PO feedback			
OP appointment/admission date		THU		GW screen			
# of beds required		THU	6				
Extension number and dates							