**Q1.** **Collecting the contact information is not a problem, entering in to SanWITS timely is what I'm working on. What is the expectation on entering into SanWITS?**

A1. All contacts should be entered before linking contact to intake for those clients admitted. Clients not admitted shall follow the 7-day data entry timeline.  If this is an issue, we need to hear from you.

**Q2.** **Does outpatient have to input contact info for clients not admitted? This is not something we have been doing.**

**A2.** Yes, you should be collecting this regardless of if they've been admitted.

**Q3.** **Can you define requesting services?**

A3. Client, client's family, client advocate, the ACL, probation, or another program is calling to request SUD treatment services for themselves or refer a client for SUD treatment services at your program.

**Q4.** **How do we enter the contacts for clients that we have not received enough information for to complete the profile?**

A4. Please refer to the SanWITS Profile form to collect the minimum information needed to document client contacts in SanWITS. Minimum requirements include:

- Current first and last name
- Birth first and last name
- SSN – enter 99902 if unable to obtain
- DOB
- Gender
- Primary Race/Ethnicity
- Disabilities – 99900 if unable to obtain
- Preferred Language

**Q5.** **We use the brief assessment. Is there a way that you can update the brief assessment and include all of the information from SanWITS profile in the document?**

A5. The requirements for SanWITS are in the process of being updated. We will revisit this request once the update is complete.

**Q6.** **The contact screen form does not ask for name or DOB and only focuses on the contact time and offered appointments.  There is nothing on that form to try to meet the expectation of gathering "enough information" to complete a profile.**

A6.   All clients must have a client profile setup in SanWITS before data can be entered into the contact screen. See A4 above for required fields for the client profile.

**Q7.   Because we won't gather enough info from the contact screen form to create a profile, it says we can "enter the contact on a paper form until you obtain the information to open the client in SanWITS." That will happen only during the intake and if they do not show then we will be out of compliance of entering the contacts into SanWITS.**

A7.   Programs are expected to obtain the required client data over the phone when the request for services is made to document the 1st, 2nd, 3rd available appointments. Programs should not wait until clients come in for scheduled appointments to obtain client data. If this is happening, this means that all clients who do not schedule appointments, cancel or no show do not have client contact data collected which is a compliance issue.

**Q8.   If we do enter the profile and contact screen into SanWITS and the potential participant does not show for intake, how do we close the record? We can't discharge as they were never a participant.**

A8.   The Intake screen has a field for closing the record. Please contact the SanWITS support desk for assistance.

**Q9.   All clients who get referred and screened need to be opened into SanWITS?**

A9.   Yes, every request for services at your program, needs to result in client contact data being documented in SanWITS in the Contact screen.

**Q10.   What about clients who are referred but do not respond to follow-up calls for screening?**

A10.   When the client was referred to your program, by self-referral or by another program, that initial contact is what gets documented in the Contact screen with your 1st, 2nd, 3rd, available appointments as well as accepted appointment dates. If the client does not show for the scheduled/accepted appointment, there is no additional steps needed for the contact screen. If the client calls back to reschedule, you must do a new contact screen using the new date client requested services.

**Q11.   How far in the future are we expected to log first second and third available appointments?**

A11.   The expectation is that you are documenting true appointment availability. If you have concerns about your ability to be compliant with appointment availability, please reach out to your assigned COR.

**Q12.   If we are not allowed to have a waiting list, and we offer someone an appointment at our next planned opening (say 10 days out), and they do not show up, how would we contact someone else who had reached out for help.**

A12.   Programs will need to develop an internal process with collaboration from your COR.

**Q13.   I believe that the impossible issue is that if we know that we have an open bed for the**

**10th of the month, and we have 30 people call do we assign them all the same 1st appointment**

A13.   Again, this sounds like an internal process needs to be established at your program for client scheduling and rescheduling. The end goal is to determine availability at your program regardless of whether or not the client accepts the available appointments.

For example:

- 3 Clients call on 7/1/21 to request services at your program.
    - Client 1 calls at 8 am
    - Client 2 calls at 9 am
    - Client 3 calls at 10 am
- Your available appoints are:
    - First - 7/3/21
    - Second - 7/5/21
    - Third - 7/7/21
- Client 1 is requesting an appointment date of 7/16/21.
    - Document the 1st, 2nd, 3rd available appointments at your program in the contact screen.
    - Document the accepted appointment, which is the date the client requested, 7/16/21.
    - Since none of your 1st, 2nd, 3rd available appointments were taken, they are still available for client 2.
- Client 2 is requesting an appointment date of 7/5/21.
    - Document the 1st, 2nd, 3rd available appointments at your program in the contact screen.
    - Document the accepted appointment, which is the date the client requested, 7/5/21.
    - Now your 1st, 2nd, 3rd available dates have changed because 7/5/21 is no longer available. 7/7/21 is now your 2nd available and 7/8/21 is your 3rd available.