Level of Care Report: A Guide for Wellness and Recovery Network Providers

All network providers are required to submit a monthly Level of Care (LOC) report to Partnership. This quick guide contains general information regarding the monthly report standards, including comments on each data field below. It is meant to supplement rather than replace the information provided by the Department of Health Care Services (DHCS).

General Information:

- The report is due to Partnership by the 20th of the month following the month of program admission.
- This report is for providers to record any admissions that resulted from patients without a referral (or short screening) from Carelon. Admissions that occurred because of Carelon screening are reported by Carelon and are NOT part of this network provider LOC report.
- All fields are required unless otherwise indicated below.
- Use the template provided, not your own spreadsheet. Use the dropdown boxes where available.
- Check the name of the tab on the report. It should have the following format, using your CalOMS provider ID: (xxxxxx). The **parentheses are important** so please remember to include them **(do not change this).**
- Submit a separate Excel spreadsheet for each admission month, not just a separate tab in the same file.
- You can submit the report securely to Partnership through Sharefile. Please contact us at SUD@partnershiphp.org if you don't have access.

Field Name	Notes
Date of Screening or Assessment	This is the date that the patient is brought into treatment. Do not report those who contacted the program by phone.
Medi-Cal CIN	**Eight digits plus a character. Remove anything after the 9th position.**
Client First Name	Be careful you don't list the last name here.
Client Last Name	Be careful you don't list the first name here.
Client Date of Birth	Include all 8 digits for DOB
Type of Screen/Assessment	Please add one of the three choices:

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	Brief Initial Screen = client contacted program **Initial Assessment** = direct referral from County **Follow-up Assessment** = not applicable
Indicated Level of Care/WM	This is the level of care determined either by the program or the direct referrer. Please avoid use of the TBD options and instead use the options for LOC that include the ASAM LOC number.
Additional Indicated LOC/WM, if any (x2)	This will almost always be none. It can be left blank.
Actual LOC/WM placement decision	This will almost always be the same as the indicated LOC, unless your initial screening or the direct referrer's assessment differ from the actual LOC. Again, please avoid using the TBD options.
Additional Actual LOC/WM placement decision, if any	This will almost always be none. It can be left blank.
If Actual LOC/WM was not among those indicated, reason for difference	This will be "Not applicable – no difference" unless the indicated LOC and the actual LOC are different. Use only the options available in the drop-down list.
If "other" reason, please explain	This is one of the few free form boxes where you can add notes. It can be left blank if no additional comments are needed.
If referral is being made but admission is expected to be DELAYED, reason.	This is intended for situations where you did a screening or met with a patient per direct referral, but the person didn't enter treatment until the following month. It can be left blank if no additional comments are needed.
If "other" reason, please explain	This is one of the few free form boxes where you can add notes. It can be left blank if no additional comments are needed.
Additional Comments (optional)	These are for your own use. It can be left blank if no additional comments are needed.