



## PROVIDER ALERT

# CHANGES TO SUBSTANCE USE FORM TYPES FOR OUTPATIENT ASSESSMENT, OMS SERVICES & INTENSIVE OUTPATIENT

MARCH 7, 2018

Due to unforeseen circumstances, the screens in ProviderConnect for substance use Outpatient Assessment, Methadone Maintenance OMS and Intensive Outpatient requests are forcing a response in the following fields:

- Longest Period of Sobriety is required.
- Blood Pressure (Diastolic) is required.
- Blood Pressure (Systolic) is required.
- Temperature is required.
- Pulse is required.
- Respiration is required.
- Blood Alcohol is required.
- Urine Drug Screen (UDS) is required.

Previous to Monday, 3/5/18, these fields did not require a response. The IT Department at Beacon is researching cause for this issue, as well as a resolution. However, we do not currently have an ETA on when this issue will be fixed. Until the cause and resolution is found, in the event you are not able to answer the questions posed, please utilize the following workaround when submitting requests for the above mentioned three services:

### Withdrawal Symptoms

Check all that apply

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Sweating	<input type="checkbox"/> Tremors	<input type="checkbox"/> Past DTs
<input type="checkbox"/> Nausea	<input type="checkbox"/> Agitation	<input type="checkbox"/> Blackouts	<input type="checkbox"/> Current Seizures
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Current DTs	<input type="checkbox"/> Past Seizures
<input type="checkbox"/> Cramping			

### Vitals

Complete if requesting detox or if otherwise relevant.

Blood Pressure	Temperature	Pulse	Respiration	Blood Alcohol
0 / 0 <input type="checkbox"/> N/A	0.0 <input type="checkbox"/> N/A	0 <input type="checkbox"/> N/A	0 <input type="checkbox"/> N/A	0.0 <input type="checkbox"/> N/A

Urine drug screen (UDS)?

Yes  No  Unknown  Positive  Negative  Pending

Date of Urine Drug Screen

11111111

Longest Period of Sobriety

UNKNOWN

Most Recent Relapse Date (MMDDYYYY)

Positive For  
(Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Cannabis                  | <input type="checkbox"/> Benzodiazepines                  |
| <input type="checkbox"/> Opiates                   | <input type="checkbox"/> Barbiturates                     |
| <input type="checkbox"/> Cocaine                   | <input type="checkbox"/> Methamphetamine                  |
| <input type="checkbox"/> Amphetamines              | <input type="checkbox"/> PCP (Phencyclidine)              |
| <input type="checkbox"/> Tricyclic Antidepressants | <input type="checkbox"/> LSD (lysergic acid diethylamide) |
| <input type="checkbox"/> Phenylpropanolamine       | <input type="checkbox"/> Methadone                        |
| <input type="checkbox"/> Other                     |   |



## **PROVIDER ALERT**

As you can see in the image above, the option of selecting None or Unknown is available, as well as the option of entering a zero (0) value or checking the N/A box in the Vitals field. Please note, if a Urine Drug Screen was not completed, you can enter 11111111 (11/11/1111) to bypass the calendar/ date field.

Be advised we will honor backdating on all requests impacted by this issue. Any additional questions and/or concerns pertaining to this matter can be directed to the Clinical Department at: [MarylandClinicalDept@beaconhealthoptions.com](mailto:MarylandClinicalDept@beaconhealthoptions.com).