



COUNTY OF SANTA CLARA  
**Behavioral Health Services**

**BHSD 9502 CCP ADMISSION PRGM AUDIT**

07/31/2023

## PURPOSE OF THE REPORT

The **BHSD 9502 CCP Admission Prgm Audit** report displays all of the clients in an admission program within the specified date range, along with the client's Admission date, Discharge date, all Guarantors, and Diagnosis information. This report would be useful to determine if there are missing clients in any of your admission programs, blank or incorrect Financial Eligibility and Diagnosis information, and client that may need to be discharged.

Enter the **Start Date**, **End Date**, **Provider**, and **Admission Program**.

**BHSD 9502 CCP ADMISSION PRGM AUDIT** Process Discard Add to Favorites

**BHSD 9502 CCP Admission prgm audit**

**BHSD 9502 CCP Admission prgm audit**

**BHSD 9502 CCP Admission prgm audit**

**Start Date \*** 07/01/2023 Calendar T Y ↑ ↓ **Provider \***  Search

**End Date \*** 07/31/2023 Calendar T Y ↑ ↓ **Admission Program \***  Close Dropdown

When the report is processed, click “Export” and export to excel to see the full report.

**Print Report** **Export**

Find... 1 of 1+ 100%

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**Main Report**

**SANTA CLARA COUNTY**  
Behavioral Health Services

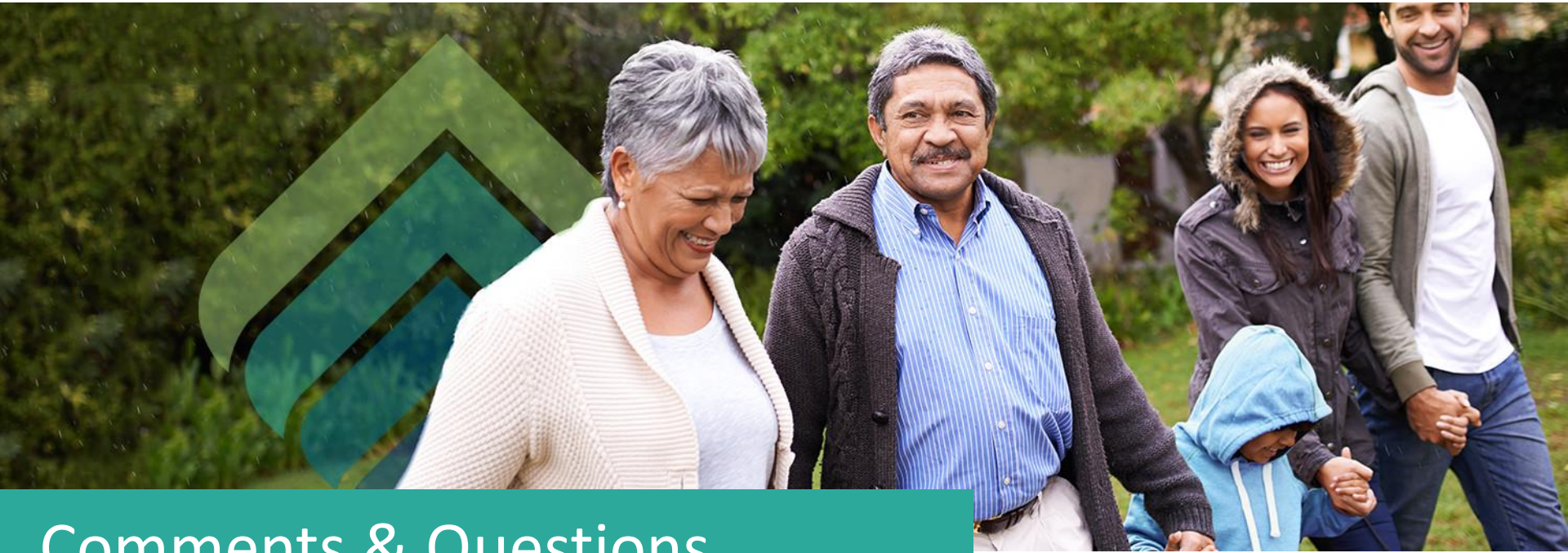
**BHSD 9502 CCP Admission Prgm Audit**

Reporting Date From: 7/1/2023 To 7/31/2023

Admission Program Name	Program Code	Client Name	Client ID	EPISODE No.	Admission Date/Time	Discharge Date/Time	Length of Stay	Admitting Practitioner	Diagnosis Practitioner
				2	7/5/2023 12:11:00PM		26		
				2	7/20/2023 9:28:00AM		11		
				2	7/6/2023 2:12:00PM		25		
				2	7/26/2023 11:19:00AM		5		
				2	7/31/2023 12:00:00PM		0		
				2	7/24/2023 12:00:00PM		7		
				3	7/13/2023 12:15:00PM		18		
				3	7/17/2023 10:30:00AM		14		
				3	7/3/2023 10:36:00AM		28		
				3	7/6/2023 12:00:00PM		25		
				3	7/26/2023 10:36:00AM		5		
				3	7/6/2023 12:00:00AM		25		
				4	7/13/2023 10:30:00AM		18		

The excel will display all of the columns in the report. To find if there are any missing guarantors/diagnosis, filter the Guarantor or Diagnosis column to “(Blank).”

Admission Program Name	Program Code	Client Nam	Client ID	EPISODE	Admission Date/Time	Discharge	Length	Diagnosis	Practitioner	Guarantor No.1	Guarantor Name 1	Coverage Effective Date
				2	7/5/2023 12:11:00 PM		26			50024	County of Santa Clara CSC/CCP	07/05/2023
				2	7/20/2023 9:28:00 AM		11			50024	County of Santa Clara CSC/CCP	07/20/2023
				2	7/6/2023 2:12:00 PM		25			20000	CCP SUTS Medi-Cal	07/06/2023
				2	7/26/2023 11:19:00 AM		5			50024	County of Santa Clara CSC/CCP	07/01/2023
				2	7/31/2023 12:00:00 PM		0			20000	CCP SUTS Medi-Cal	07/01/2023
				2	7/24/2023 12:00:00 PM		7			20000	CCP SUTS Medi-Cal	07/01/2023
				3	7/13/2023 12:15:00 PM		18			50024	County of Santa Clara CSC/CCP	10/01/2022
				3	7/17/2023 10:30:00 AM		14			20000	CCP SUTS Medi-Cal	07/01/2023
				3	7/3/2023 10:36:00 AM		28			50024	County of Santa Clara CSC/CCP	07/03/2023
				3	7/6/2023 12:00:00 PM		25			20000	CCP SUTS Medi-Cal	07/01/2023
				3	7/26/2023 10:36:00 AM		5			20000	CCP SUTS Medi-Cal	07/26/2023
				3	7/6/2023 12:00:00 AM		25			20000	CCP SUTS Medi-Cal	07/01/2023
				4	7/13/2023 10:30:00 AM		18			20000	CCP SUTS Medi-Cal	07/01/2023
				4	7/3/2023 3:00:00 PM		28			20000	CCP SUTS Medi-Cal	05/01/2023
				4	7/18/2023 11:45:00 AM		13			50024	County of Santa Clara CSC/CCP	07/01/2023



# Comments & Questions