



**D·B·H·D·D**

Georgia Department  
of Behavioral Health  
& Developmental  
Disabilities

- BE D·B·H·D·D**
- BE COMPASSIONATE**
- BE PREPARED**
- BE RESPECTFUL**
- BE PROFESSIONAL**
- BE CARING**
- BE EXCEPTIONAL**
- BE INSPIRED**
- BE ENGAGED**
- BE ACCOUNTABLE**
- BE INFORMED**
- BE FLEXIBLE**
- BE HOPEFUL**
- BE CONNECTED**
- BE D·B·H·D·D**

# Residential Services: Programmatic Report Training

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**BE D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities

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Residential Services Program Manager  
Office of Adult Mental Health  
July 2025



# Agenda

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General Knowledge

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Master Residential List

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Referral Log

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Step-by-step Guide to completing  
monthly reports

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Questions

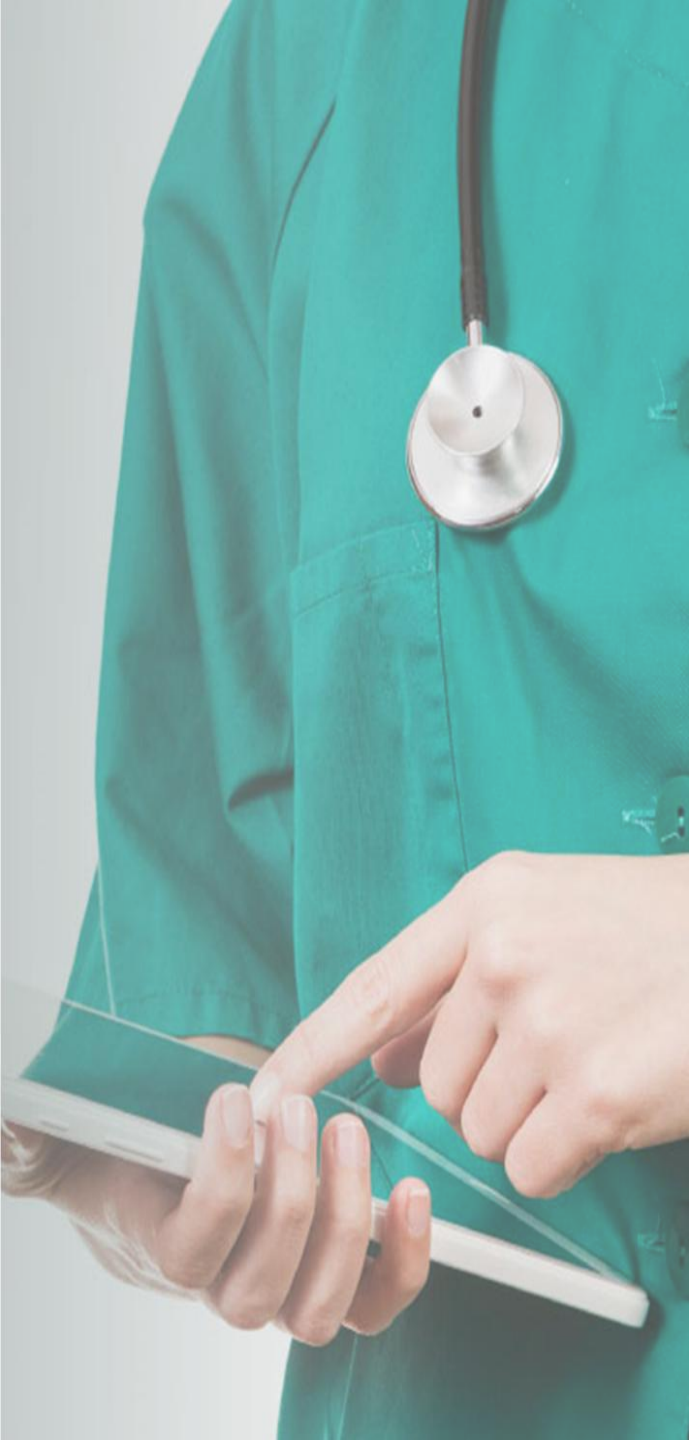
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A close-up photograph of a hand holding a blue pen, poised to write on a spiral-bound notebook. The notebook is open, and the pen is positioned over a blank page. The background is softly blurred, focusing attention on the hand and the pen.

# **BE** INFORMED

General Knowledge



# General Do's & Don'ts

- Favorite the SharePoint Site on your browser.
  - Open the specific report from the actual Excel Application. Each report is now automatically prompted to do so.
  - Turn on "AutoSave" if available. Otherwise, periodically save your work, AND save it before you close the report.
  - If you need to remove an individual, highlight the row and right click: Clear Contents. Row will grey out. Sort to move grey rows to bottom.
- 
- Don't change the filename.
  - Don't upload files with a different name each month.
  - Don't keep a copy with the same name on your desktop and then upload it with the same filename.
  - Don't use Cut and Paste and don't drag and drop cells. If you do accidentally, use Undo or Ctrl-Z. If you can't fix call us.

# Changes to FY26 Report

## Color-Coding System

Yellow	If data are entered into a cell and it becomes yellow, the data in it met all the data validation rules.
Purple	Required Field, will turn yellow or grey once valid data are entered.
Red	Error in data entry. Re-check entry.
Grey or Blue	Indicates data that are calculated automatically. May turn blue to highlight that there is data present.

## Report Reminders and Current Status

Complete and Submit by 7/31/2025      Due in 15 Days

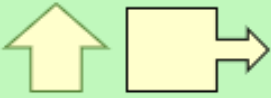
Current Status: Not Submitted

- Reports still have a section that reminds staff when reports are due. However, the Status of the report has been moved directly underneath the Due date which will update in live time depending on when staff logs in.
- Statuses that are shown include: “Not Submitted”, “Submit”, “Validated”, and “Rejected”.

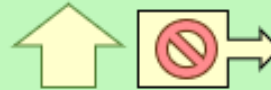
# Changes to FY26 Report

## Submit and Copy Client List Function vs. Resubmit

Submit and Copy Client List  
to Next Month



Resubmit - Do Not Copy  
Client List to Next Month



Last Submitted 7/16/25 1:26 AM

Last Rejected 7/16/25 1:30 AM

Last Approved

### Submit and Copy Client List to Next Month:

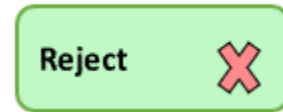
- Once all required data fields on the monthly report are complete and valid, Providers will click this button to 'Submit and Copy the Client List' over to the next month, while simultaneously removing any discharged individuals from the current month's report.
- This will lock the report and prevent any future edits. If changes are needed, the provider will need to contact DBHDD staff to Reject the form and allow the changes.

### Resubmit – Do Not Copy Client List to Next Month

- If your report was previously submitted, but later Rejected by DBHDD Staff, you will be required to resubmit the report after specific data fields have been corrected.
- So that you don't re-copy any clients over to the following month and re-write any additional information that was already entered, you will select this option to place the report back in Submitted status.

# Changes to FY26 Report

## “Approve”, “Reject”, and “Comments From DBHDD”



Last Submitted 7/16/25 1:26 AM

Last Rejected 7/16/25 1:30 AM

Last Approved

Comments from DBHDD:

### Approve:

- If no errors are found on the submitted Programmatic Report, DBHDD staff will place the report in Validated Status.
- The person who completed the report, as well as the Residential Services Supervisor/Manager of the Provider Agency, will receive an email notification that the report has been approved.
- No further action is needed at that time.

### Reject:

- If errors were found on the submitted Programmatic Report, DBHDD staff will place the report in Rejected Status.
- DBHDD staff will insert comments in the “Comments from DBHDD” regarding why the report was rejected and corrections needed.
- The person who completed the report, as well as the Residential Services Supervisor/Manager of the Provider Agency, will receive an email notification that the report has been approved.

# Changes to FY26 Report

## Referral Log and Options in Drop-Down Boxes for “Referral Sources”

Referral ID	Last Name	First Name	DOB	CID#	Referral Source Type	Date Referral Received	Referral Status within 2 Business Days of Recei	Date Referral Packet Compl	Referral Decision	Date of Decision
1										
2										
3										
4										
5										



NOTE: These two pictures combined represent one continuous straight line and is meant to resemble the total lifespan of the Referral.

- Internal Agency Referral
- Other DBHDD Provider
- Other Residential Program
- State Hospital
- Other Inpt BH, CSU or BHCC
- Mobile Crisis
- Jail/ Prison
- Emergency Room
- Homeless Services
- Other (provide details in Comments)

New Drop-Down Box Options for Referral Sources.

If Pending, Provide the Reason (DO NOT CLEAR ANY HISTORICAL STATUS)	If Denied, Provide Reason	If Closed, Provide Reason	If Approved, Current Placement Status (DO NOT CLEAR ANY HISTORICAL STATUS)	Date of Admission	Notes: Any "Incomplete" Packet Status, Any "Pending" Status Greater than 30 Days, Any "Other" Reason

# Changes to FY26 Report

## Referral Log Waitlist and Lifespan of Referral

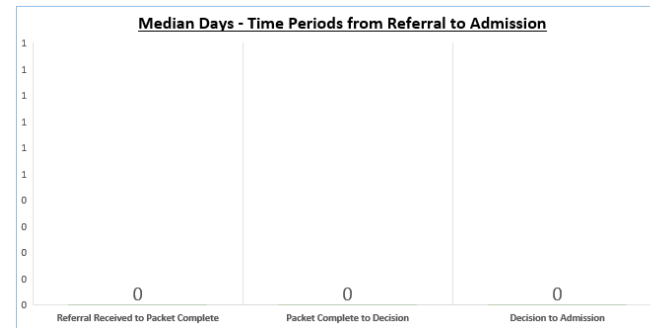
### Waiting List

Individuals Currently on Waitlist

0

Median Days on Waitlist - Currently on Waitlist

Median Days on Waitlist - Admitted from Waitlist



### Time Periods in the Lifespan of a Referral

Time Period

Median Days

Referral Received to Packet Complete  
Packet Complete to Decision  
Decision to Admission

Lifespan of Referral to Admission

Packet Complete to Admission  
Referral Received to Admission

- A new referral log tab has been created that will automatically calculate all the Referral Data needed on each monthly sheet.
- This log, like the Client List, now follows the specific individual/referral, so any statuses provided can be tracked backwards more accurately.
- This data will be utilized to inform future Policy on referral management and the lifespan of referrals received.
- It is the current expectation that all referrals received, be reviewed within 2 business days for completion status. This does not mean that a referral must have a decision within 2 business days.

A close-up photograph of a person's hands writing on a white document. The person is wearing a light-colored, patterned shirt. They are holding a black and silver pen in their right hand, which is positioned over the document. Their left hand is resting on the document to the right. The background is blurred, showing more of the person's shirt and a dark surface. The overall lighting is soft and natural.

# Programmatic Report

# Programmatic Report

## Community Residential Rehabilitation Monthly Programmatic Report

June 2025

6/1/2025


6/30/2025


[Click here for the CRR Programmatic Report User Guide](#)

Questions? Email us here: [Community.Residential@dbhdd.ga.gov](mailto:Community.Residential@dbhdd.ga.gov)

Complete and Submit by 7/31/2025


Due in 15 Days

Submit and Copy Client List to Next Month 

Approve 

Current Status: Not Submitted

Resubmit - Do Not Copy Client List to Next Month 

Reject 

[Click to View Summary Page](#)

Last Submitted 7/16/25 1:26 AM

Last Rejected 7/16/25 1:30 AM

Last Approved

Comments from DBHDD:

### Provider Information

Provider Name:	
DBHDD Region:	
Service:	CRA
Contracted Bed Capacity:	
Name of Person Completing Report:	
Email of Person Completing Report:	
Phone # of Person Completing Report:	
Residential Services Supervisor/Manager:	
Supervisor/Manager Email Address:	
Date of last Audit for CRR:	
Last Audit Score:	

### Census, Admissions, Discharges, # Served

Starting Census	0
Admissions	0
Discharges	0
End of Month Census	0
Unduplicated Served	0

0	0	0	0	0
Starting Census	Admissions	Discharges	End of Month Census	Contracted Beds

# Programmatic Report

## Referrals

### Referral Sources - Current Clients

Internal Agency Referral	0
Other DBHDD Provider	0
Other Residential Program	0
State Hospital	0
Other Inpt BH, CSU or BHCC	0
Mobile Crisis	0
Jail/ Prison	0
Emergency Room	0
Homeless Services	0
Other (provide details in Comments)	0
Inpt BH Facility or CSU	0
DBHDD Core Provider	0
<b>Total</b>	<b>0</b>

### Referrals Received This Month

Internal Agency Referral	0
Other DBHDD Core Provider	0
Other Residential Program	0
State Hospital	0
Other Inpt BH, CSU or BHCC	0
Mobile Crisis	0
Jail/ Prison	0
Emergency Room	0
Homeless Services	0
Other Sources	0
<b>Total Referrals Received</b>	<b>0</b>

### Status of Referrals at End of Month

Approved and Also Admitted this Month	0
Approved but Not Admitted this Month	0
Denied this Month	0
Closed This Month	0
Referrals Pending at End of Month	0

## Bed Capacity and Occupancy

Female Beds	
Male Beds	
Beds Offline	
Total Bed Capacity Reported	
Census End of Month	0
Vacant Beds End of Month	

### Occupancy

This Month	-
YTD	-

## Length of Time in Service

0%

0 to 60 Days	0
61 to 90 Days (or 120 for Enhanced)	0
Over Max LOS	0

## Provider Comments/Explanations

Provide an explanation for items shaded in BLUE:	
0	Beds Offline
0	Negative Discharge Housing Outcome
0	Unplanned/Unknown Discharges
0	Any "Other" Discharge Outcome







# **BE** ACCOUNTABLE

Master Residential List

# Master Residential List Tab

Master Residential List	
Provider:	Gateway CSB
Region:	5
Service:	CRA
Contracted Bed Capacity:	6

Administrative information will already be populated and cannot be changed.

Total Beds Open: 0

Line ID	Residential Site Program Name	Address	City	ZIP Code	County	Bed Capacity	Current Operational Status	Effective Date of Most Recent Status Change	Notes (Add effective dates for Opening, Closing or Changing the number of Beds at a location)
1									
2									
3									
4									

## Instructions:

- For the specified service level, enter each Residential Site Program Name, Address, City, Zip, County, Bed Capacity, and Current Operational Status (i.e., Open, Closed).
- Each Residential Site Program Name must be unique. For example, if a program is called New Hope but there are different physical locations for males and female, annotate is as such: "New Hope (Female), New Hope (Male).
- If you are listing a CRA Enhanced Site, include the word "Enhanced" somewhere in the name of your Program.
- If a location is closed or has a change in bed capacity during the FY, do not remove it from the list. Instead, make the appropriate changes in the "Current Operational Status" column and include the "Effective Date of Status Change". Provide any additional notes in the Notes column as applicable.
- If a new location is opened, add it to the bottom of the list, also including the "Effective Date" in Column I.

# STEP 1: Completing the Master Residential List

Line ID	Residential Site Program Name	Address	City	ZIP Code	County	Bed Capacity	Current Operational Status	Effective Date of Most Recent Status Change	Notes (Add)
1	Enhanced CRA	Nowhere	Angels	12345	Bulloch	3	Open	7/1/2025	N/A
2	New Hope CRA								

Total Beds Open: 3

- Enter the Program names of each Residential Location. **NOTE:** After completing this step, all the remaining sections will turn purple until data is entered.
- Enter Address.
- Enter City.
- Enter Zip Code.
- Enter County. **NOTE:** Please double check for accuracy as this data will be utilized to build our Residential Services Georgia State Map.

# STEP 1: Completing the Master Residential List

Line ID	Residential Site Program Name	Address	City	ZIP Code	County	Bed Capacity	Current Operational Status	Effective Date of Most Recent Status Change	Notes (Add)
1	Enhanced CRA	Nowhere	Angels	12345	Bulloch	3	Open	7/1/2025	N/A
2	New Hope CRA								

Total Beds Open: 3

- f. Enter the Current Bed Capacity. **NOTE:** The “Total Beds Open” box may be red if the number of open beds does not match the total contracted beds in the Administrative Note Section.
- g. Enter Current Operational Status. **NOTE:** This is a drop-down box. No other selections outside of “Open” and “Closed” can be selected. If beds are Offline, this must be recorded in the monthly reports.
- h. Enter Effective Date. **NOTE:** For all FY26 Programmatic Reports, please enter 7/1/2025, unless the exact date from previous years is already known.
- h. Enter any Notes as applicable.

# Master Residential List – Key Notes



Master Residential List	
Provider:	Gateway CSB
Region:	5
Service:	CRA
Contracted Bed Capacity:	6

Once you enter the current bed capacity, the total number of beds will automatically calculate. This number should be equal to the Total Contracted Beds in the Administrative Note Section.

Line ID	Residential Site Program Name	Address	City	ZIP Code	County	Bed Capacity	Status	Effective Date of Most Recent Status Change	Notes (Add
						Total Beds Open:	6		
1	Enhanced CRA	Nowhere	Angels	12345	Bulloch	3	Open	7/1/2025	N/A
2	New Hope CRA	Everywhere	Los Santos	23456	Effingham	3	Open		
3									

As you enter the required data, the fields will no longer be highlighted purple.





# **BE** COMPASSIONATE

Referral Log

# STEP 2: Referral Log

- a. Enter all the administrative data associated with the specific referral (i.e., Last Name, First Name, DOB, CID#, Referral Source Type, and Date of Referral).

Referral ID	Last Name	First Name	DOB	CID#	Referral Source Type	Date Referral Received
1						
2						
3						



Remember, as you enter data in the first cell, the remaining “Required” cells will open and turn purple indicating that data is needed.



Referral ID	Last Name	First Name	DOB	CID#	Referral Source Type	Date Referral Received
1	Bob					
2						
3						

# STEP 2: Referral Log

Referral ID	Last Name	First Name	DOB	CID#	Referral Source Type	Date Referral Received
1	Bob	Billy	1/1/2000	123456789	Other Inpt BH, CSU or BHCC	6/15/2025
2						
3						

- b. Once you have entered the “Date Referral Received”, the next required cell will turn purple:  
**“Referral Status within 2 Business Days of Receipt”**.

Date Referral Received	Referral Status within 2 Business Days of Receipt	Date Referral Packet Completed	Referral Decision	Date of Decision
6/15/2025				

This is a drop-down box in which only statuses of “Incomplete” or “Complete” can be selected.

- A packet is considered to be “Complete” when all the pertinent documents needed to make a referral decision is present.
- If a packet is marked as “Incomplete”, the Provider must enter a comment in the “Notes” Section describing what the packet is missing.

# STEP 2: Referral Log

Referral ID	Last Name	First Name	DOB	CID#	Referral Source Type	Date Referral Received
1	Bob	Billy	1/1/2000	123456789	Other Inpt BH, CSU or BHCC	6/15/2025
2						
3						

Date Referral Received	Referral Status within 2 Business Days of Receipt	Date Referral Packet Completed	Referral Decision	Date of Decision	Notes: Any "Incomplete" Packet Status, Any "Pending" Status Greater than 30 Days, Any "Other" Reason
6/15/2025	Incomplete				



c. If the packet was marked “Incomplete”, scroll all the way to the right of the report, and enter the required “Notes” comment. Once text has been entered, the field will turn yellow.

**NOTE:** *The arrow above indicated that the report is a continuous line; however, due to the size and constraints of this training format, the whole picture cannot be shown. This is also true of the first picture depicted. All the following examples will follow the same logic.*

# STEP 2: Referral Log

Referral ID	Last Name	First Name	DOB	CID#	Referral Source Type	Date Referral Received
1	Bob	Billy	1/1/2000	123456789	Other Inpt BH, CSU or BHCC	6/15/2025
2						
3						

Date Referral Received	Referral Status within 2 Business Days of Receipt	Date Referral Packet Completed	Referral Decision	Date of Decision	Notes: Any "Incomplete" Packet Status, Any "Pending" Status Greater than 30 Days, Any "Other" Reason
6/15/2025	Complete				



- d. If the packet was marked “Complete”, the next required field will open: “**Date Referral Packet Complete**”. This date should be either the same day the referral was received, or no later than 2 business days.

**NOTE:** This is the only section of the Referral Log that will not be updated throughout the Lifespan of the referral. The packet will always be either “Incomplete” or “Complete” upon initial receipt. This is not to say that the packet will never be completed. In fact, if a referral started off as Incomplete, but was later completed weeks later, the section titled “Date Referral Packet Complete” must be filled out. Entering a date here, will provide the indication that the packet is now complete.



# STEP 2: Referral Log

## Referral Decision

e. The next section to complete, includes the “Referral Decision” and “Decision Date”.

There are only 5 types of Referral Decisions:

- Pending
- Approved
- Approved – Waitlisted
- Denied
- Closed

Referral Decision	Date of Decision
<input type="text" value="5"/>	<input type="text"/>
<input type="text" value="Pending"/>	<input type="text"/>
<input type="text" value="Approved"/>	<input type="text"/>
<input type="text" value="Approved - Waitlisted"/>	<input type="text"/>
<input type="text" value="Denied"/>	<input type="text"/>
<input type="text" value="Closed"/>	<input type="text"/>

f. For each decision that is selected, there are specific sections that must be completed to correspond with that status.

If Pending, Provide the Reason (DO NOT CLEAR ANY HISTORICAL STATUSES)	If Denied, Provide Reason	If Closed, Provide Reason	If Approved, Current Placement Status (DO NOT CLEAR ANY HISTORICAL STATUSES)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# STEP 2: Referral Log

## Referral Decision - Pending

g. If Pending was selected, the required field for completion will turn purple. All other sections will remain grey.

Referral Decision	Date of Decision	If Pending, Provide the Reason (DO NOT CLEAR ANY HISTORICAL STATUSES)	If Denied, Provide Reason	If Closed, Provide Reason	If Approved, Current Placement Status (DO NOT CLEAR ANY HISTORICAL STATUSES)
Pending					

If Pending, Provide the Reason (DO NOT CLEAR ANY HISTORICAL STATUSES)	If Denied, Provide Reason
Packet Incomplete Pending Initial Interview with consumer Unable to locate consumer Pending Trial Visit Staffing with Ref Source and/or Reg Field Office Other (provide details in Comments)	

There are only 6 types of Pending Statuses:

- Packet Incomplete
- Pending Initial Interview with consumer
- Unable to locate consumer
- Pending Trial Visit
- Staffing with Referral Source and/or Regional Field Office
- Other

# STEP 2: Referral Log

## Referral Decision – Pending (continued...)

If a referral has been in Pending status for greater than 30 days, the status will turn Red.

Date Referral Received	Referral Status within 2 Business Days of Receipt	Date Referral Packet Completed	Referral Decision	Date of Decision	If Pending, Provide the Reason (DO NOT CLEAR ANY HISTORICAL STATUSES)
5/1/2025	Complete	5/1/2025	Pending		Pending Initial Interview with consumer

Pending statuses greater than 30 days will require a comment in the Notes Section.

Notes: Any "Incomplete" Packet Status, Any "Pending" Status Greater than 30 Days, Any "Other" Reason

Chart Area

↑

# STEP 2: Referral Log

## Referral Decision – Pending (continued...)

- Pending statuses are not final decisions!
- Pending statuses are not final decisions!!
- Pending statuses are not final decisions!!
- Pending statuses must be updated periodically as the status of the referral changes. For example, a referral could have started as “Pending Initial Interview with consumer”, then changed to “Staffing with Referral Source and/or Regional Field Office”, and finally to “Pending Trial Visit”.
- A Referral Decision is only considered FINAL when it is “Denied”, Closed, “Approved”, or “Approved -Waitlisted”.

# STEP 2: Referral Log

## Referral Decision – Pending (continued...)

- Once a **FINAL** Referral Decision has been made, the “Date of Decision” must be entered.

**NOTE:** If you enter a “Date of Decision” prior to changing the “Referral Decision”, the status will turn purple indicating that the user must change the status.

Referral Decision	Date of Decision	If Pending, Provide the Reason (DO NOT CLEAR ANY HISTORICAL STATUSES)
Pending	7/16/2025	Pending Initial Interview with consumer

- Do not delete or clear whatever the last Pending status was before the FINAL Decision was determined. This will automatically grey out, but it will others to be aware of last Pending status.

Referral Decision	Date of Decision	If Pending, Provide the Reason (DO NOT CLEAR ANY HISTORICAL STATUSES)
Denied	7/16/2025	Pending Trial Visit

# STEP 2: Referral Log

## Referral Decision - Denied

h. If Denied was selected, the required field for completion will turn purple. All other sections will remain grey.

Referral Decision	Date of Decision	If Pending, Provide the Reason (DO NOT CLEAR ANY HISTORICAL STATUSES)	If Denied, Provide Reason
Denied	7/16/2025	Pending Trial Visit	

If Denied, Provide Reason
Needs higher level of care
Needs lower level of care
Did not meet admission criteria
Other (provide details in Comments)

There are only 4 types of Denied Statuses:

- Needs higher level of care
- Needs lower level of care
- Did not meet admission criteria
- Other

# STEP 2: Referral Log

## Referral Decision – Denied (continued...)

- i. If “Other” was selected, the Notes section will turn purple indicated the need for a comment.

Referral Decision	Date of Decision	If Pending, Provide the Reason (DO NOT CLEAR ANY HISTORICAL STATUSES)	If Denied, Provide Reason	If Closed, Provide Reason	If Approved, Current Placement Status (DO NOT CLEAR ANY HISTORICAL STATUSES)	Date of Admission	Notes: Any "Incomplete" Packet Status, Any "Pe" Any "Other" Rea
Denied	7/16/2025	Pending Trial Visit	Other (provide details in Comments)				

Once the comment is entered, the box will turn yellow.

Notes: Any "Incomplete" Packet Status, Any "Pending" Status Greater than 30 Days, Any "Other" Reason
Denied: Consumer attacked staff during Trial Visit

- j. This Referral is now considered complete. No further action is required.

# STEP 2: Referral Log

## Referral Decision - Closed

k. If Closed was selected, the required field for completion will turn purple. All other sections will remain grey.

Referral Decision	Date of Decision	If Pending, Provide the Reason (DO NOT CLEAR ANY HISTORICAL STATUSES)	If Denied, Provide Reason	If Closed, Provide Reason
Closed	7/16/2025	Pending Trial Visit		

If Closed, Provide Reason	If Appro (DO NOT C
Packet not completed within timeframe	
Unable to locate after multiple attempts	
Consumer Refused or chose another option	
Referral source rescinded application	
Does not meet criteria for lawful presence	
Documents expired before bed became available	
Court did not grant approval for admission	
Other (provide details in Comments)	

There are 8 types of Closed Statuses:

- Packet not completed within timeframe
- Unable to locate after multiple attempts
- Consumer Refused or chose another option
- Referral source rescinded application
- Does not meet criteria for lawful presence
- Documents expired before bed became available
- Court did not grant approval for admission
- Other

# STEP 2: Referral Log

## Referral Decision – Closed (continued...)

i. Select the option that is most appropriate for the referral.

Referral Decision	Date of Decision	If Pending, Provide the Reason (DO NOT CLEAR ANY HISTORICAL STATUSES)	If Denied, Provide Reason	If Closed, Provide Reason
Closed	7/16/2025	Pending Trial Visit		Consumer Refused or chose another option

m. This referral is now considered complete. No further action is required.

# STEP 2: Referral Log

## Referral Decision - Approved

n. If Approved was selected, the required field for completion will turn purple. All other sections will remain grey.

Referral Decision	Date of Decision	If Pending, Provide the Reason (DO NOT CLEAR ANY HISTORICAL STATUSES)	If Denied, Provide Reason	If Closed, Provide Reason	If Approved, Current Placement Status (DO NOT CLEAR ANY HISTORICAL STATUSES)	Date of Admission
Approved	7/16/2025	Pending Trial Visit				

If Approved, Current Placement Status (DO NOT CLEAR ANY HISTORICAL STATUSES)	Date of Admission
Approved - Admitted	
Approved - Admission in Progress	
Waitlisted-No Available Bed	
Waitlisted-Waiting Disch from Ref Source	
Waitlisted-Waiting Court Approval	

There are only 2 types of Approved Statuses:

- Approved – Admitted
- Approved – Admission in Progress

# STEP 2: Referral Log

## Referral Decision – Approved (continued...)

- o. Select the option that is most appropriate for the referral. If the option “Approved – Admission in Progress” is selected, the same steps below apply.

Referral Decision	Date of Decision	If Pending, Provide the Reason (DO NOT CLEAR ANY HISTORICAL STATUSES)	If Denied, Provide Reason	If Closed, Provide Reason	If Approved, Current Placement Status (DO NOT CLEAR ANY HISTORICAL STATUSES)	Date of Admission
Approved	7/16/2025	Pending Trial Visit			Approved - Admitted	

- p. Enter the “Date of Admission”.

Referral Decision	Date of Decision	If Pending, Provide the Reason (DO NOT CLEAR ANY HISTORICAL STATUSES)	If Denied, Provide Reason	If Closed, Provide Reason	If Approved, Current Placement Status (DO NOT CLEAR ANY HISTORICAL STATUSES)	Date of Admission
Approved	7/16/2025	Pending Trial Visit			Approved - Admitted	7/16/2025

- q. This referral is now considered complete. No further action is required.
- r. Complete the same steps for any new referrals added to the Referral Log.



# **BE** CAPABLE

Step-by-Step Guide  
for Monthly Reports

# Section 1 – Provider Information

## STEP 3:

- a. Enter all the required information highlighted in Purple.

### Provider Information

Provider Name:	Gateway CSB
DBHDD Region:	5
Service:	CRA
Contracted Bed Capacity:	6
Name of Person Completing Report:	
Email of Person Completing Report:	
Phone # of Person Completing Report:	
Residential Services Supervisor/Manager:	
Supervisor/Manager Email Address:	
Date of last Audit for CRR:	
Last Audit Score:	

# Section 1 – Provider Information

## STEP 3b:

- Once all the data is entered correctly, all Purple fields will now turn grey.

### Provider Information

Provider Name:	<b>Gateway CSB</b>
DBHDD Region:	<b>5</b>
Service:	<b>CRA</b>
Contracted Bed Capacity:	<b>6</b>
Name of Person Completing Report:	<b><i>Data Entry User Test</i></b>
Email of Person Completing Report:	<a href="mailto:data.entry_user@test.com">data.entry_user@test.com</a>
Phone # of Person Completing Report:	<u>123-456-78910</u>
Residential Services Supervisor/Manager:	<b><i>Greatest Supervisor</i></b>
Supervisor/Manager Email Address:	<a href="mailto:greatest.supervisor_ever@test.com">greatest.supervisor_ever@test.com</a>
Date of last Audit for CRR:	<b>3/15/2025</b>
Last Audit Score:	<b>80</b>

# Section 2 – Bed Capacity

## Step 4:

- a. Enter the total number of female beds provided. **NOTE:** This is not the total beds currently occupied.
- b. Enter the total number of male beds provided. **NOTE:** This is not the total beds currently occupied.
- c. Enter the number of beds offline if applicable. **NOTE:** This includes beds not open for referral due to repairs, damages, etc.

### Bed Capacity and Occupancy

Female Beds	
Male Beds	
Beds Offline	
Total Bed Capacity Reported	

Census End of Month	0
Vacant Beds End of Month	

	Occupancy
This Month	-
YTD	-

### Length of Time in Service

0%

0 to 60 Days	0
61 to 90 Days (or 120 for Enhanced)	0
Over Max LOS	0

# Section 2 – Bed Capacity

## Correct Data Entry

### Bed Capacity and Occupancy

Female Beds	3
Male Beds	3
Beds Offline	0
Total Bed Capacity Reported	6

## Incorrect Data Entry

### Bed Capacity and Occupancy

Female Beds	6
Male Beds	3
Beds Offline	0
Total Bed Capacity Reported	9

### NOTE:

- The remaining fields in this section will automatically be updated once the Client List is filled out.

Occupancy	
This Month	-
YTD	-

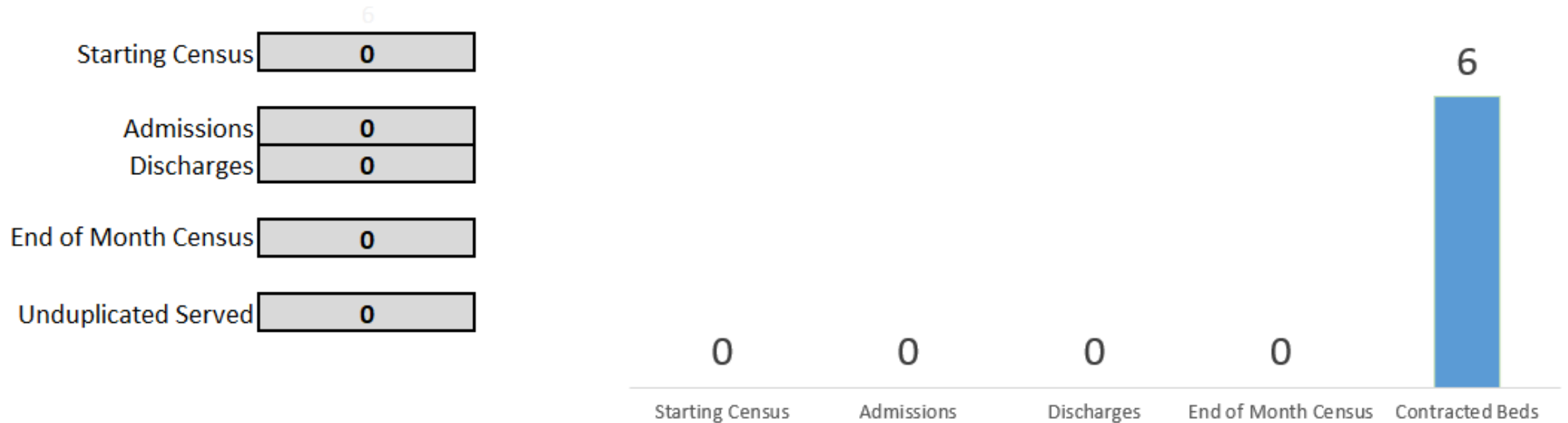
< 12 months	0
12-18 months	0
> 18 months	0

Length of Time in Service	
0%	

# Section 3A – Census Information

**Step 5:** This section is auto-populated based on data entry from the Client List. No data entry needed in this section.

## Census, Admissions, Discharges, # Served



# Section 3B #1 - Referrals

## Step 6:

- a. This section is now auto-populated based on data entry from the Referral Log and Client List. No data entry needed in this section.

Referrals	
Referral Sources - Current Clients	Referrals Received This Month
Internal Agency Referral	0
Other DBHDD Provider	0
Other Residential Program	0
State Hospital	0
Other Inpt BH, CSU or BHCC	0
Mobile Crisis	0
Jail/ Prison	0
Emergency Room	0
Homeless Services	0
Other Sources	0
Inpt BH Facility or CSU	0
DBHDD Core Provider	0
<b>0</b>	<b>0</b>

Internal Agency Referral
Other DBHDD Core Provider
Other Residential Program
State Hospital
Other Inpt BH, CSU or BHCC
Mobile Crisis
Jail/ Prison
Emergency Room
Homeless Services
Other Sources
<b>Total Referrals Received</b>

### Status of Referrals at End of Month

Approved and Also Admitted this Month	0
Approved but Not Admitted this Month	0
Denied this Month	0
Closed This Month	0
Referrals Pending at End of Month	0

# Section 3C, 3D, 3E – Outcomes Data

**Step 7:** This section is now auto-populated based on data entry from the Client List. No data entry needed in this section.

## Outcomes Reported This Month

### At Admission

0	Avoided Inpt BH / CSU Admission
0	Avoided Homelessness

### During Enrollment

0	Days in Jail
0	Days in BH Inpt or CSU

### At Discharge

#### Enrolled in BH Services at Discharge

0	Enrolled in BH Services at Discharge
0	Not enrolled in BH Services at Discharge

#### Discharge Housing Outcomes

0	<b>Total Positive</b>
0	Transitioned to Shelter Plus Care/Supportive Housing
0	Transitioned to GHVP
0	Transitioned to another Residential Service (Level I/III, Indep)
0	Transitioned to Section 8, Public Housing, other subsidized apt
0	Transitioned to Private Housing (Family/Friends, PCH, etc.)
0	Other positive outcome

0	<b>Total Negative</b>
0	Transitioned back to homelessness - streets, shelter
0	Readmit to Psychiatric Hospital, CSU or other inpatient facility
0	Discharged due to extended incarceration (30 days or greater)
0	Other negative housing outcome

0	<b>Total Unplanned/Unknown</b>
0	Death
0	Unknown destination/housing status
0	Other unexpected discharge



# Section 4 – Client List (Part I)

## Part I: Complete This Section at Admission

### Step 8: Enter data for fields listed below.

- a. Clients Last Name
- b. First Name
- c. DOB
- d. CID number
- e. Date of Enrollment
- f. Enrollment Outcome:
  1. Avoided Inpatient Admission
  2. Avoided Homelessness
- g. Referral Source at Admission







# Section 4 – Client List (Part II)

## Part II: Complete This Section for All Active Clients This (Reporting) Month

### Step 9: Enter data for fields listed below.

a. Current Residential Location:

The options in this dropdown menu will be pulled from your Master Residential List, so if you did not complete it first, there will be no options to select.

b. Has Medicaid:

We do realize that not everyone will have Medicaid upon admission; however, it is a desired outcome goal for this program, to discharge individuals with Medicaid. This information will assist us in tracking how long it takes for an individual to obtain Medicaid upon admission.

c. Forensic Status

d. Days Incarcerated this month

e. Days in Inpatient CSU this month:

This is only for mental health reasons. Medical admissions will not be tracked.



# Section 4 – Client List (Part II)

## Part II: Complete This Section for All Active Clients This (Reporting) Month

**NOTE:** Utilize this section to assist with completion of encounters for the month. For days where individuals do not have a “head in the bed”, DO NOT submit billing encounters for them. Instead, submit a progress note detailing what was going on with the individual during that time.

						% w/ Medicaid	# Forensic	Days In Jail	Days in BH Inpt or CSU	# Discharged
						20%	0	10	7	1
Update This Section for All Active Clients This Month										Compl
Current Residential Location	Has Medicaid?	Forensic Status?	Days incarcerated this month	Days in inpatient/CSU this month	Discharge Date					
Location A	Y	N	0	5						
Location B	N	N	10	2	7/12/2024					
Location B	N	N	0	0						
Location A	N	N	0	0						
Location C	N	N	0	0						





# Section 4 – Client List (Part III)

## Part III: Complete This Section for Clients Discharged this (Reporting) Month

### Step 10: Enter data for fields listed below.

a. Discharge Date

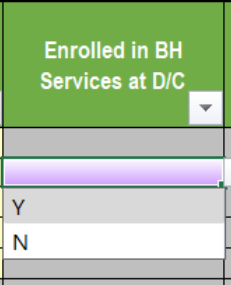
b. Discharge Outcome Data:

1. Enrolled in BH services at Discharge

This is a drop-down box with “Yes” or “No” options only.

2. Housing Outcome at Discharge:

This is a drop-down box with the same options previously indicated on report; however, only one option can be selected to minimize user error (see screenshot on next slide).



A screenshot of a software interface showing a drop-down menu. The menu is titled "Enrolled in BH Services at D/C" and has a small downward arrow on the right side. Below the title, there are two options: "Y" and "N". A red arrow points from the text "Discharge Outcome Data:" to the "Y" option.



# Section 4 – Client List (Part III)

## Part III: Complete This Section for Clients Discharged this (Reporting) Month

Housing Outcome at Discharge	Days Enrolled This Month
	31
	31
<ul style="list-style-type: none"><li>Positive - transitioned to Shelter Plus Care/Supportive Housing</li><li>Positive - transitioned to GHVP</li><li>Positive - transitioned to another Residential Service (Level I / III, Indep)</li><li>Positive - transitioned to Section 8, Public Housing, other subsidized Apt</li><li>Positive - transitioned to Private Housing (Family/Friends,PCH, etc.)</li><li>Positive - other positive outcome ((enter details in comments)</li><li>Negative - transitioned back to homelessness - streets, shelter</li><li>Negative - readmit to Psychiatric Hospital, CSU or other inpatient facility</li><li>Negative - discharged due to extended incarceration (30 days or greater)</li><li>Negative - other negative housing outcome (enter details in comments)</li><li>Death (enter details in comments)</li><li>Unknown destination/housing status (enter details in comments)</li></ul>	



# Section 5 – Provider Comments/Explanations

**Step 11:** This section will automatically turn Purple if any data fields were completed requiring explanation. This is a free text box that allows you to justify any of the sections that require explanation.

## Provider Comments/Explanations

Provide an explanation for items shaded in BLUE:		
2	<b>Beds Offline</b>	
1	<b>Negative Discharge Housing Outcome</b>	
0	Unplanned /Unknown Discharges	
0	Any "Other" Discharge Outcome	

# Section 5 – Provider Comments/Explanations

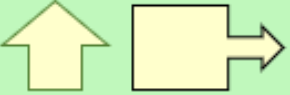
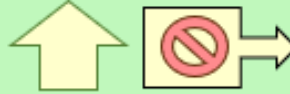
**NOTE:** Once all needed explanations are addressed in this section, the box will turn grey indicating completion.

## Provider Comments/Explanations

Provide an explanation for items shaded in BLUE:		Beds Offline: Repairs are being made to units. Negative D/C Outcome: BB was discharged after getting into a physical altercation with staff and peers, as well damaging the unit.
2	Beds Offline	
1	Negative Discharge Housing Outcome	
0	Unplanned/Unknown Discharges	
0	Any "Other" Discharge Outcome	

# Submitting Report

**Step 12:** Once you have completed the entire report, scroll back to the top and click “Submit and Copy Client List to Next Month”. Please note the difference between the two green buttons below which was outlined at the beginning of this presentation.

Complete and Submit by 7/31/2025	Due in 15 Days	<b>Submit and Copy Client List to Next Month</b> 
	Chart Area	<b>Resubmit - Do Not Copy Client List to Next Month</b> 
Current Status:	<b>Not Submitted</b>	

# Report Validation

**Step 13:** Once the report is placed in Submit status, a DBHDD staff person will review it and either Approve it or Deny it. Any denial reasons will be entered into the designated comments section.

Approve ✓

Reject ✗

Last Submitted

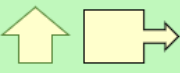
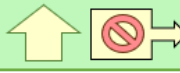

Last Rejected

Last Approved

Comments from DBHDD:

# Report Validation

**Step 14:** If the report is Approved (or Rejected) after submission, the report status will turn to Validated (or Rejected) and you will receive an email stating such.

Complete and Submit by 7/31/2025	Thank you!	Submit and Copy Client List to Next Month 	Approve 	Comments from DBHDD: <div style="border: 1px solid gray; height: 40px; width: 100%;"></div>
Current Status:	<b>VALIDATED</b>	Resubmit - Do Not Copy Client List to Next Month 	Reject 	

Dear Data Entry User Test,

The FY26 Programmatic Report, CRA submitted for 'Jun 2025' was approved.

Click here to open the file: [FY26 Programmatic Report, CRA](#)

Thank you,

Cheri Patton, M.Ed, LCSW  
Residential Services Program Manager  
Services: CRA, CRR Level I, II, III, IV, IRS, and Specialized Funding  
Division of Behavioral Health/ Office of Supportive Housing  
Department of Behavioral Health and Developmental Disabilities  
200 Piedmont Avenue, S.E.  
Atlanta, GA 30334-9026  
Cell: 706-573-3434

ANY  
QUESTIONS?





# Cheri Patton M.Ed., LCSW

Residential Services Program Manager

Office of Supportive Housing

706-573-3434

[Cheri.patton@dbhdd.ga.gov](mailto:Cheri.patton@dbhdd.ga.gov)



**D·B·H·D·D**

Georgia  
Department of  
Behavioral Health  
& Developmental  
Disabilities

A close-up photograph of several hands of different skin tones being held together in a supportive grip. The hands are positioned in the foreground, with the background being a blurred indoor setting.

# **BE D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities



**D·B·H·D·D**