

COURT COORDINATOR TRAINING:

4/3/2014

*ALL **Problem Solving Court Clients** need to be entered into WITS regardless of Payor Group. Even if clients are not receiving ISC funding, we still need to track them in WITS with the information outlined below. This refers to all Payor Groups except other State agencies (DHW, IDOC, IDJC).

The Provider is responsible for setting up the correct payor plan in the Client Group Enrollment and billing the proper Payor Group.

*ALL **Problem Solving Court Clients** need Consents and Referrals entered into WITS and an Authorization when RSS Services are approved. This is regardless of Payor Group. This refers to all Payor Groups except other State agencies (DHW, IDOC, IDJC).

The Provider is responsible for setting up the correct payor plan in the Client Group Enrollment and billing the proper Payor Group.

Activity	Activity Date	Created Date	Status	Actions
Client Information (Profile)	12/29/2013	12/29/2013	In Progress (Details)	Review
Intake Transaction	12/29/2013	12/29/2013	In Progress (Details)	Review
Consent (D7 Treatment Program)	12/29/2013	12/29/2013	Completed	Review
Referral (D7 Treatment Program)	12/29/2013	12/29/2013	Completed	Review

A Status of Completed is what we need in all Activities for clean information and reporting purposes. In order to have a Completed Profile, please include the client address on all Profiles and complete all yellow blanks (bright yellow and pale yellow).

Client Information (Profile) Progress

- Ethnicity is missing.
- Veteran Status is missing.
- Race is empty.
- Special Needs is empty.
- Address is empty.

Date	Created Date	Status	Actions
4/7/2014		In Progress (Details)	Review
4/7/2014		In Progress (Details)	Review

Intake Transaction Progress

- Priority Population is missing.
- Inter-Agency Service is empty.

Date	Created Date	Status	Actions
4/7/2014		In Progress (Details)	Review
4/7/2014		In Progress (Details)	Review

PROFILE:

○ **Add Address:**

Client Profile for Week, Rainy

First Name: Rainy
Middle Name: [Redacted]
Last Name: Week
Gender: Female
DOB: 2/19/1990
SSN: 000-00-0000

Provider Client ID: [Redacted]
Unique Client Number: 20219190000018A
State Client ID: [Redacted]
Record Created By: Proctor, Lynn
Last Updated By: Proctor, Lynn
Created Date: 2/19/2014 3:06 PM
Last Updated Date: 2/19/2014 3:07 PM

Driver's License: [Redacted]
Access Category: [Redacted]
Has paper file: Yes

Administrative Actions: [Redacted]

Cancel Save Finish

Alternate Names Add

Last Name	First Name	Middle Name	Client Alias Type	Actions

Addresses Add

Address Type	Address	Confidential	Created	Updated	Actions
Client Home	123 Soggy Lane Muddy, ID 83703	No	2/19/2014	2/19/2014	Review Delete

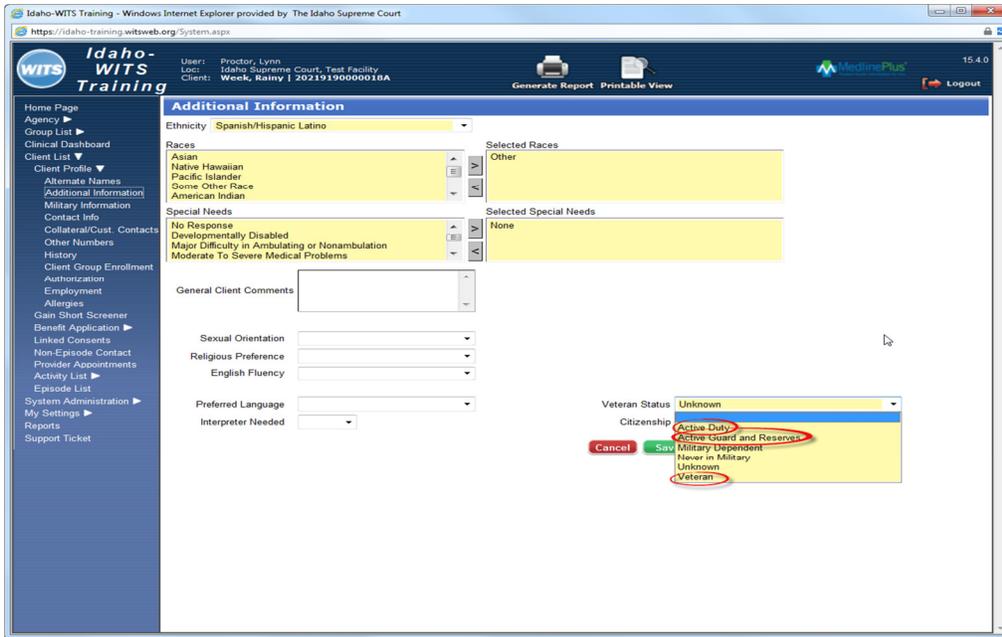
○ **Additional Information:**

Additional Information

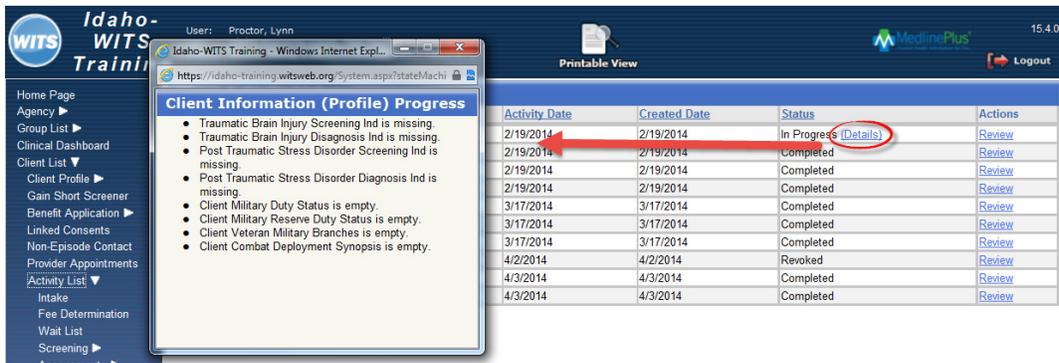
Ethnicity: [Redacted]
Races: [Redacted]
Special Needs: [Redacted]
General Client Comments: [Redacted]
Sexual Orientation: [Redacted]
Religious Preference: [Redacted]
English Fluency: [Redacted]
Preferred Language: [Redacted]
Interpreter Needed: [Redacted]
Veteran Status: [Redacted]
Citizenship: [Redacted]

Cancel Save Finish

Please fill in all information on the Additional Information screen.



If Veteran Status is applicable, you will also need to complete the Military Information screen.



- Military Information:

Military Information

For which branch of the US forces are you on active duty or the dependent of someone on active duty?

Military Branches: **Active** Selected Military Branches: Air Force, Active

Are you Active Guard Reserves or Active Duty for Special Work in the Guard or Reserves or the dependent of someone Active Guard Reserves or Active Duty for Special Work in the Guard or Reserves or the dependent of someone Active Guard Reserves or Active Duty for Special Work in the Guard or Reserves?

Military Reserve Branches: **None** Selected Military Reserve Branches: None

Of which branch(es) of the armed forces are you a veteran?

Military Branches: **None** Selected Military Branches: None

Have you served or are you the dependent of someone who served in a combat theater of operation? If so, please indicate how many deployments.

Combat Theaters: **Global War on Terror, Operation Enduring Freedom** Selected Combat Theaters: Global War on Terror, Operation Iraqi Freedom, Served, 1

No. of deployments: Served: 1

Have you been screened for Traumatic Brain Injury? **Yes**

If yes, have you been diagnosed with a Traumatic Brain Injury? **No**

Have you been screened for Post Traumatic Stress Disorder? **Yes**

If yes, have you been diagnosed with Post Traumatic Stress Disorder? **No**

Buttons: Cancel Save Finish

INTAKE (EPISODE):

Intake Case Information for Week, Rainy

Intake Facility: **Test Facility** Case # 1

Intake Staff: **Proctor, Lynn** Case Status: **Open Active**

Initial Contact: **Appointment** Date of First Contact: **2/19/2014**

County of Res.: **ADA** Intake Date: **2/19/2014**

Source of Referral: **Drug Court Referral** Pregnant: **No** Due Date: []

Referral Contact: [] Priority Population: **ISC Problem Solving Court (the courts)**

HIV Tested?: [] Past IV Drug Use: **No**

Presenting Problem (in Client's Own Words): **sloppy mess**

Inter-Agency Service Selected: **Medicaid OPTUM**

Selected Domains: **Substance Abuse**

Date Closed: [] Save & Close the Case

Buttons: Cancel Save Finish

- Priority Population should always be: ISC Problem Solving Court (the courts)
- Inter-Agency Service: This is a good place to indicate if they are Medicaid or have any other Inter-Agency Services.

FEE DETERMINATION:

The screenshot shows the 'Profile' page in the Idaho-WITS Training system. The sidebar on the left has 'Fee Determination' highlighted. The main content area shows a client profile with the following information:

Effective Date	3/17/2014	Has client signed paper form?	Yes
Monthly Income (from all sources)	\$1,500.00	Has staff member signed form?	Yes
Number in family (including client)	3	Gross Annual Income	\$18,000.00
		Total Annual Deductions	\$2,040.00
		Adjusted Annual Income	\$15,960.00
		Fee Percentage	0

Below this, there is a section for 'Allowable Monthly Deductions (enter \$ amount for all appropriate areas)':

Court Ordered Obligations	\$25.00
Dependent Support	\$0.00
Child Care Expenses Necessary for Parental Employment	\$0.00
Medical Expenses	\$25.00
Transportation	\$100.00
Extraordinary Rehabilitative Expenses	\$0.00
State and Federal Tax Payments (including FICA taxes)	\$20.00
Total Monthly Deductions	\$170.00

A 'Finish' button is located at the bottom right of the profile page.

Currently, the Fee Determination form only goes over to the Provider with the Intake if there is an Authorization. The Providers we use for flat rate services will not get this Fee Determination form as there is no authorization required.

The Court Coordinator should complete a Fee Determination form for each Problem Solving Court client.

It is the Provider responsibility to complete a Fee Determination form if it didn't come over with the Intake, and to update financial eligibility on an annual basis or if there are changes in a client's financial circumstances.

In order for the Fee Determination to show as Completed in the Activity List, please input the following:

- Has Client signed paper form? **YES**
- Has staff member signed form? **YES**

CONSENT:

Idaho WITS Training
User: Proctor, Lynn
Loc: Idaho Supreme Court, Test Facility
Client: Week, Rainy | 2021919000018A | Case #: 1
Printable View
MedlinePlus 15.4.0
Logout

Client Disclosure Agreement [Create Referral Using this Disclosure Agreement](#)

Note: Consented information may not be redisclosed.
Client Name: Week, Rainy
Unique Client Number: 2021919000018A
Disclosed From Agency: Idaho Supreme Court

Entities with Disclosure Agreements	All Other Agencies
System Agency	Yes
Disclosed To Agency (Non System Agency)	Provider Training Agency
Purpose for disclosure	Treatment

Earliest date of services to be consented **4/2/2014**

Has the client signed the paper agreement form Yes Date client signed consent 4/2/2014

Client Information Options

<input type="checkbox"/> Admission	Consent Expires Upon	Disclosure Selection
<input type="checkbox"/> CAFAS® Assessment	<input type="checkbox"/> Discharge(UD) +Days	Client Information (Profile) (UD, +10)
<input type="checkbox"/> CALOCUS Assessment	<input type="checkbox"/> Date Signed(DS) +Days	Intake Transaction (UD, +10)
<input type="checkbox"/> Client Eligibility	<input type="checkbox"/> Other Event(OE) Exp	
<input type="checkbox"/> Consent	<input type="checkbox"/> Crim Just Cond (CJC) Exp	
<input type="checkbox"/> Court Monitoring Form	Description	
<input type="checkbox"/> Discharge		
<input type="checkbox"/> Discharge/Continuing Care Plannin		
<input type="checkbox"/> Dispensary Order Detail		
<input type="checkbox"/> Drug Test Results		
<input type="checkbox"/> ECourt Admission		

Comments

Administrative Actions
[Print General Consent](#) [Print Criminal Justice Consent](#)

Finish Revoke

NOTE: The Profile or Intake Activity Date (whichever is oldest) will be used as the Earliest Date of Consented Activities on the Consent.

Enter the Profile Date or Intake Date (whichever is oldest) as the Earliest date of services to be consented.

Note: This determines the information that will be consented. If a Profile or Intake is selected to be consented, the Disclosed to Agency will not be able to see it if the date entered in this step is later than the date of the Profile or Intake. It is important to view the activity list prior to this step to verify the date consented activities were created.

- Has client signed the paper agreement form? **YES**
- Print Consent for signature – there is no standard on which form to use. It is up to the Coordinator to choose the Consent that works best for them.

REFERRAL:

Client Referral for Week, Rainy

Referred By: Agency: Idaho Supreme Court, Facility: Test Facility, Staff Member: Proctor, Lynn, Program: Adult GAIN-I Assessment (NA), Reason: Service not available at this facility.

Is Consent Verification Required? **Yes**
 Is Consent Verified? **Yes**
 Continue This Episode of Care? **No**

Referred To: Signed Consents: Provider Training Agency, Agency: Provider Training Agency, Facility: Treatment Location 1, Staff Member: [Redacted], Program: Adult GAIN-I Assessment (NA).

Referral Status: Referral Created/Pending
 Referral Date: 4/3/2014
 Created Date: 4/3/2014 10:24 AM

- Is Consent Verification Required? **YES**
- Is Consent Verified? **YES**
- Continue This Episode of Care? **NO**
- Program dropdown:
 - Always start with Assessment if necessary
 - If Assessment has already been done, indicate the appropriate level of care from the dropdown list.

Providers will be instructed to Consent information back to the Idaho Supreme Court.

If all of the above information is entered, the status of all activities should read Completed.

Activity	Activity Date	Created Date	Status	Actions
Client Information (Profile)	2/19/2014	2/19/2014	Completed	Review
Intake Transaction	2/19/2014	2/19/2014	Completed	Review
Consent (Provider Training Agency)	2/19/2014	2/19/2014	Completed	Review
Referral (Provider Training Agency)	2/19/2014	2/19/2014	Completed	Review
Consent (Provider Training Agency)	3/17/2014	3/17/2014	Completed	Review
Referral (Provider Training Agency)	3/17/2014	3/17/2014	Completed	Review
Fee Determination	3/17/2014	3/17/2014	Completed	Review

AUTHORIZATION (RSS SERVICES ONLY):

Effective 4/1/2014, there will no longer be any new admissions granted to access SSH, Transportation or Residential for the remainder of the Fiscal Year. (Fee for Service Authorizations)

Current participants receiving these services should continue until their authorizations expire. We will continue to analyze and manage the budget for future possibilities.

BILLING (Providers):

All **FFS (Fee for Service)** claim items should be submitted by the Providers in WITS for payment within 30 days of service. These services are RSS Services such as Residential, Safe & Sober Housing, or Transportation, and they require an Authorization. Authorizations in WITS will automatically close if no activity for 30 days. Encounters will not release to billing on a closed authorization.

Flat Rate Invoices (Cost Reimbursement) should be submitted by the contracted Providers in WITS by the end of each month. They will be accepted by ISC on the last day of the month and the payment goal is to be processed within the first 5 business days of the month. At time of payment, the invoices in WITS will be marked as paid.

All **FFS-E (Fee for Service Equivalent)** claim items should be submitted by the contracted Providers in WITS within 30 days of service. These are Cost Reimbursement claim items for services such as Assessment, Outpatient, Intensive Outpatient, Case Management, and Staffing, which are included under the flat rate invoice. Entry of these services is necessary for record keeping, reporting purposes, and slot utilization.

CLOSING CLIENTS:

The screenshot displays the 'Intake Case Information for Week, Rainy' form in the WITS Training system. The form is populated with the following data:

- Intake Facility: Test Facility
- Intake Staff: Proctor, Lynn
- Initial Contact: Appointment
- County of Res.: ADA
- Source of Referral: Drug Court Referral
- Referral Contact: Add Referral Contact Info
- Case #: 1
- Case Status: Open Active
- Date of First Contact: 2/19/2014
- Intake Date: 2/19/2014
- Pregnant: No
- Due Date: (empty)
- Priority Population: ISC Problem Solving Court (the cour)
- HIV Tested?: (empty)
- Past IV Drug Use: No
- Presenting Problem (In Client's Own Words): sloppy mess

At the bottom of the form, there is a 'Date Closed' field circled in red, and a 'Save & Close the Case' button highlighted in blue. Other buttons include 'Cancel', 'Save', and 'Finish'.

Once a client is no longer in Problem Solving Courts, and all claim items have been submitted, enter a Date Closed on the Intake and click Save & Close the Case. The case will be closed but all information is still in WITS.

Should a client get closed in error, please contact the WITS Help Desk in order to have the case re-opened: DBHWITSHD@dhw.idaho.gov or (208)332-7316.