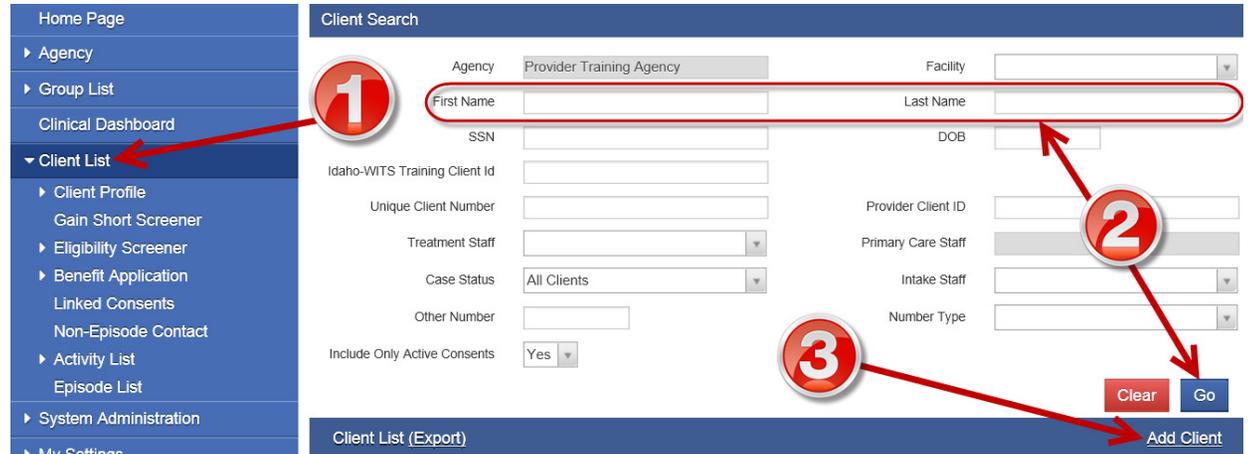


WITS FACS Liaison Quick Start Guide

Create the Client Profile

Complete the following screens: Client Profile, Additional Information, Military Screen if applicable, Contact Info, and Collateral/Custodial Contact if applicable.

1. **Getting here:** Login, select the **Facility**, select **Client List** on the Navigation Pane (left menu) to generate the Client Search Screen.
 2. Search for the client to determine if the client record already exists in WITS. Enter the **First Name** and/or **Last Name** of the client. Click **Go**.
- NOTE: If the client record already exists in WITS, proceed to Create the Intake.**
3. Click **Add Client**. **Complete all required fields**.
 4. Click **Save** and  twice to advance to the Additional Information screen.



Client Search

Agency: Provider Training Agency | Facility: [dropdown]

First Name: [text] | Last Name: [text]

SSN: [text] | DOB: [text]

Idaho-WITS Training Client Id: [text]

Unique Client Number: [text]

Treatment Staff: [dropdown]

Case Status: All Clients [dropdown]

Other Number: [text]

Include Only Active Consents: Yes [dropdown]

Provider Client ID: [text]

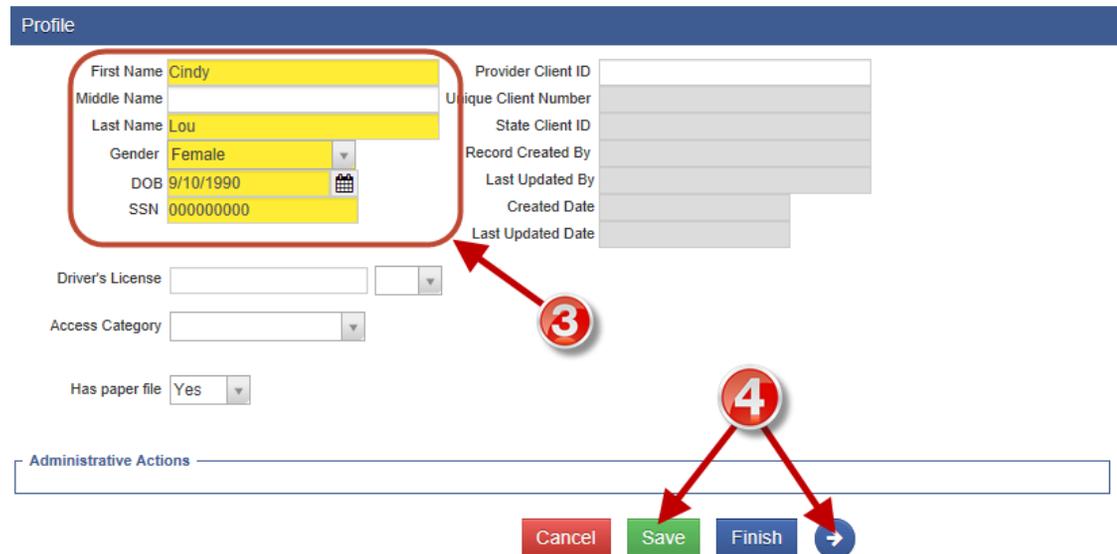
Primary Care Staff: [dropdown]

Intake Staff: [dropdown]

Number Type: [dropdown]

Clear | Go

Client List (Export) | Add Client



Profile

First Name: Cindy | Middle Name: [text] | Last Name: Lou | Gender: Female | DOB: 9/10/1990 | SSN: 000000000

Provider Client ID: [text]

Unique Client Number: [text]

State Client ID: [text]

Record Created By: [text]

Last Updated By: [text]

Created Date: [text]

Last Updated Date: [text]

Driver's License: [text] [dropdown]

Access Category: [dropdown]

Has paper file: Yes [dropdown]

Administrative Actions

Cancel | Save | Finish | 

Complete the Client Profile – Additional Information

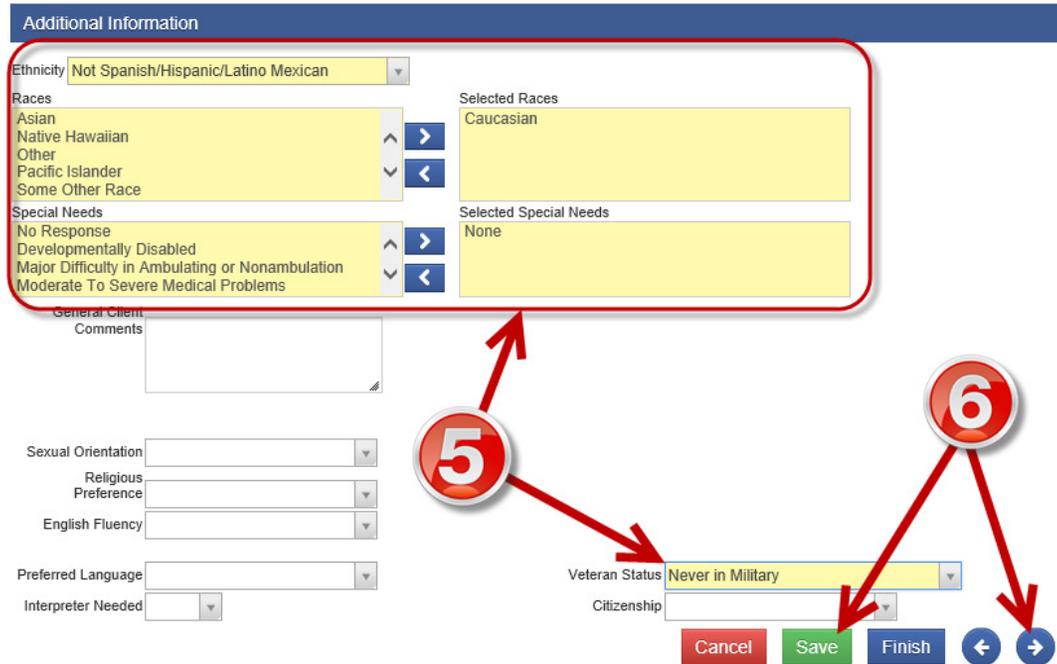
5. Select **Ethnicity**, select **Races**, select **Special Needs**, and select **Veteran Status**. To select Races, click on the Races in the left box and

click  to move the highlighted Races to the Selected Races box on the right. Follow this same process for Special Needs.

6. Click **Save** and click  to advance to the Military Information screen **only** when the Veteran Status is Active Duty, Active Guard and Reserves, or Veteran. If not applicable,

Click  twice to advance to the Contact Info screen (proceed to Step 12).

NOTE: All light yellow screens on the Client Profile and Intake must be completed prior to conducting a GAIN-I Assessment.



Additional Information

Ethnicity: Not Spanish/Hispanic/Latino Mexican

Races: Asian, Native Hawaiian, Other, Pacific Islander, Some Other Race

Selected Races: Caucasian

Special Needs: No Response, Developmentally Disabled, Major Difficulty in Ambulating or Nonambulation, Moderate To Severe Medical Problems

Selected Special Needs: None

General Client Comments

Sexual Orientation

Religious Preference

English Fluency

Preferred Language

Interpreter Needed

Veteran Status: Never in Military

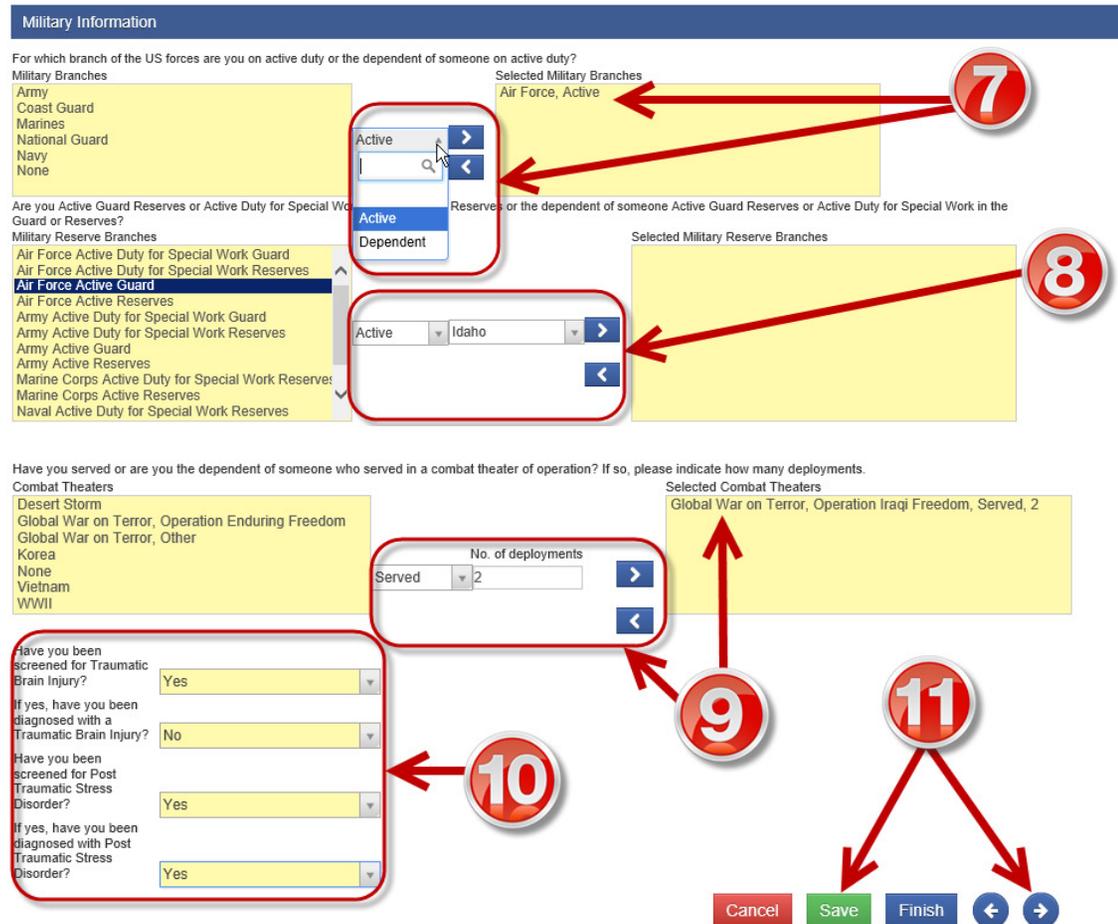
Citizenship

Buttons: Cancel, Save, Finish, Left Arrow, Right Arrow

Complete the Client Profile – Military Information

NOTE: This screen must be completed only when the Veteran Status is Active Duty, Active Guard and Reserves, or Veteran.

7. Select **Military Branches** and select **Active or Dependent** (as circled).
8. Select **Military Reserve Branches**, select **Active or Dependent**, and select **State** (as circled).
9. Select **Combat Theaters**, select **Served or Dependent**, and select **No. of deployments** (as circled).
10. Select **Yes or No** for each questions regarding Traumatic Brain Injury.
11. Click **Save** and click  to advance to the Contact Info screen.



Military Information

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

Military Branches
Army
Coast Guard
Marines
National Guard
Navy
None

Selected Military Branches
Air Force, Active

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

Military Reserve Branches
Air Force Active Duty for Special Work Guard
Air Force Active Duty for Special Work Reserves
Air Force Active Guard
Air Force Active Reserves
Army Active Duty for Special Work Guard
Army Active Duty for Special Work Reserves
Army Active Guard
Army Active Reserves
Marine Corps Active Duty for Special Work Reserves
Marine Corps Active Reserves
Naval Active Duty for Special Work Reserves

Selected Military Reserve Branches

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
Desert Storm
Global War on Terror, Operation Enduring Freedom
Global War on Terror, Other
Korea
None
Vietnam
WWII

Selected Combat Theaters
Global War on Terror, Operation Iraqi Freedom, Served, 2

No. of deployments
Served 2

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?
Yes

Cancel Save Finish

Complete the Client Profile – Contact Info

12. Click **Add Address**.

NOTE: Phone numbers and an email address should be entered to allow BPA and treatment provider the ability to contact the client.

13. Select **Address Type**, enter **Address Line 1**, **City**, **State** and **Zip**. Click **Finish**.

14. WITS will check the address entered against the United States Postal Service database. Click **Select** to verify the address as it was entered **or Edit** to correct errors.

15. Click **Save** and  to advance to the Collateral/Cust. Contacts screen.

Client: Lou, Cindy | 20910190000031 Clear Client

Contact Info

Home Phone # Preferred Method of Contact

Work Phone #

Mobile #

Other Phone #

Fax #

Email Address

12 → [Add Address](#)

Actions	Address Type	Address	Confidential	Created	Updated

[Cancel](#) [Save](#) [Finish](#)  

Address Information

Address Type **Client Home** Confidential **No**

Address Line 1 **4561 Rockhand Street**

Address Line 2

City **Idaho Falls** State **ID** Zip **88888**

13 [Cancel](#) [Finish](#)

Address Validation

We attempted to validate your address with the United States Postal Service database, but no match was found.

You may maintain your address (Select) or go back and change it (Edit).

Address	Actions
Original address: 4561 Rockhand Street, Idaho Falls, Idaho 88888	14 Select Edit

Contact Info

Home Phone # Preferred Method of Contact

Work Phone #

Mobile #

Other Phone #

Fax #

Email Address

Addresses

Actions	Address Type	Address	Confidential
	Client Home	4561 Rockhand Street Idaho Falls, ID 88888	No

15 [Cancel](#) [Save](#) [Finish](#)  

Create the Client Profile – Collateral/Custodial Contact

If the client is under the age of 16 a Collateral/Custodial Contact must be entered. The Collateral/Custodial Contact must have a Relation Type of Father, Mother, or Guardian with Consent on File marked as Yes.

The FACS contact should always be entered as a Collateral/Custodial Contact.

16. Click **Add Contact**.

17. Enter **First Name** and **Last Name**. Select the **Relation Type of Father, Mother, or Guardian**. Select **Gender**.

18. Select **Yes or No** for Gives Permission to Treat and select the **Permission to Treat Type**.

19. Enter **Address 1, City,** and **State**. Select **Yes or No for Can Contact** and select **Yes for Consent on File**.

20. Click **Finish**. Click **Save** and **Finish**.

Actions	First Name	Last Name	Relation	Phone Numbers	Can Contact?	Expiration Date	Gives permission to Treat?
	Mindy	Nou	Mother		Yes		Yes

16. Add Contact

17. First Name, Last Name, Relation, Gender

18. Gives Permission To Treat?, Permission To Treat Type

19. Address 1, City, State, Can Contact, Consent On File

20. Cancel, Finish

Actions	First Name	Last Name	Relation	Phone Numbers	Can Contact?
	Mindy	Nou	Mother		Yes

20. Cancel, Save, Finish

Create the Intake

1. Click **Activity List** on the Navigation Pane (left menu).
2. Click **Start New Episode**.
3. **Complete all required fields.**
4. Select **DHW/FACS-CPS or DHW/FACS-Other or DHW/FACS-Mental Health** as the Source of Referral. Select the FACS contact person in **Referral Contact**.
5. Select the **Date of First Contact** and update the **Intake Date** if necessary. Select the **Pregnant** status and enter the **Due Date** if necessary.
6. Select **IDHW as the Priority Population**. Select Yes or No for **HIV Tested** and select the status for **Past IV Drug Use**.
7. Enter **Presenting Problem** in Client's Own Words.
8. Select **Inter-Agency Services**.
9. Click **Save** and **Finish**.

The screenshot shows a navigation pane on the left with 'Activity List' highlighted. A red arrow labeled '1' points to it. To the right is an 'Episode List' table with a 'Start New Episode' button. A red arrow labeled '2' points to the button.

Actions	Case #	Status	Facility	Intake By	Intake Date	Closed Date	Latest PE	Domains

The screenshot shows the 'Intake Case Information' form with numbered callouts 3 through 9. Callout 3 points to the 'Intake Facility' dropdown (DHW-Boise). Callout 4 points to the 'Referral Contact' dropdown (Doe, John). Callout 5 points to the 'Date of First Contact' and 'Intake Date' fields. Callout 6 points to the 'Priority Population' (IDHW), 'HIV Tested?' (Yes), and 'Past IV Drug Use' (Yes) fields. Callout 7 points to the 'Presenting Problem' text area (help). Callout 8 points to the 'Inter-Agency Service Selected' dropdown (*None). Callout 9 points to the 'Save' and 'Finish' buttons.

Intake Case Information

Intake Facility: DHW-Boise
Intake Staff: Williams, Denise
Initial Contact: Appointment
County of Res.: BENEWAH
Source of Referral: DHW/FACS-CPS
Referral Contact: Doe, John
Case #: 1
Case Status: Open Active
Date of First Contact: 9/10/2014
Intake Date: 9/11/2014
Pregnant: No
Priority Population: IDHW
HIV Tested?:
Past IV Drug Use: Yes
Presenting Problem (In Client's Own Words): help
Inter-Agency Service Selected: *None
Selected Domains: Substance Abuse
Date Closed:
Save & Close the Case
Buttons: Cancel, Save, Finish

Create the Fee Determination

1. Click **Fee Determination** and click **Add New**.
2. Enter **Monthly Income** (from all sources) and **Number in family** (including client).
3. Enter **Allowable Monthly Deductions**.
4. Click **Calculate Fee Percentage**.

NOTE: If the fee percentage is 56% or higher, the client is not financially eligible.

5. Select **Yes for Has client signed paper form and Has Staff member signed form**.
6. Click **Save** and **Finish**.

NOTE: FACS staff need to determine eligibility and record eligibility in Referral Comments. Clients are eligible based on the following criteria: 1) no other insurance available; 2) insurance that does not cover SUD Treatment; or 3) a hardship exists based on a deductible of \$500 or up, a deductible of more than \$500 is still owed, OR no provider within 30 miles.

Home Page

- Agency
- Group List
- Clinical Dashboard
- Client List
 - Client Profile
 - Gain Short Screener
 - Eligibility Screener
 - Benefit Application
 - Linked Consents
 - Non-Episode Contact
 - Provider Appointments
 - Activity List
 - Intake
 - Fee Determination

Actions	Fee Effective Date	Gross Annual Income	Number in Family	Total Annual Deductions	Adjusted Annual Income	Fee Percentage	Status

Fee Determination Profile

Effective Date: 9/12/2014

Monthly Income (from all sources): \$1,500.00
Number in family (including client): 1

Has client signed paper form? Yes
Has staff member signed form? Yes

Gross Annual Income: \$18,000.00
Total Annual Deductions: \$4,800.00
Adjusted Annual Income: \$13,200.00
Fee Percentage: 10

Allowable Monthly Deductions (enter \$ amount for all appropriate areas)

Court Ordered Obligations	\$150.00
Dependent Support	\$200.00
Child Care Expenses Necessary for Parental Employment	\$0.00
Medical Expenses	\$0.00
Transportation	\$50.00
Extraordinary Rehabilitative Expenses	\$0.00
State and Federal Tax Payments (including FICA taxes)	\$0.00
Total Monthly Deductions	\$400.00

Administrative Actions

Calculate Fee Percentage

Cancel Save Finish

Create the Program Enrollment

1. Click **Program Enrollment** on the Navigation Pane (left menu).
2. Click **Add Enrollment**.
3. Select the Program Name **FACS Program** and enter **Zero for the Days on Wait List**.
4. Click **Save** and **Finish**.

The screenshot shows the left navigation pane with 'Program Enroll' circled in red and labeled with a red circle containing the number '1'. An arrow points from this circle to the 'Add Enrollment' button in the top right corner of the 'Program Enrollment' table, which is labeled with a red circle containing the number '2'. The table has columns for 'Actions', 'Program Name', 'Start Date', 'End Date', 'Facility', and 'Notes'.

The screenshot shows the 'Program Enrollment Profile' form. A red circle containing the number '3' is positioned over the 'Program Name' dropdown menu, which is set to 'FACS Program'. An arrow points from this circle to the 'Days on Wait List' input field, which contains the value '0'. Another red circle containing the number '4' is positioned over the 'Save' and 'Finish' buttons at the bottom right of the form. The 'Save' button is green and the 'Finish' button is blue. Other fields include 'Facility' (DHW-Boise), 'Program Staff' (Williams, Denise), 'Start Date' (9/12/2014), and 'End Date'.

Conduct the GAIN-I Assessment

1. Click **Assessments** on the Navigation Pane (left menu) and click **GAIN**.
2. Click **Sync Client Profile** and click **Perform GAIN Assessment**.
3. GAIN ABS will display in a separate window. Click **Treatment Episode**.

NOTE: DO NOT click Create New Treatment Episode. Using this function will cause GAIN to have more episodes in WITS and the GRRS will NOT download into WITS when the number of episodes does not match.

4. Click **GAIN-I Interactive Interview** or other assessment tool, if applicable.

Home Page
 Agency
 Group List
 Clinical Dashboard
 Client List
 Client Profile
 Gain Short Screener
 Eligibility Screener
 Benefit Application
 Linked Consents
 Non-Episode Contact
 Provider Appointments
 Activity List
 Intake
 Fee Determination
 Drug Testing
 Wait List
 Screening
 Assessments
 Mental Health
 GAIN

In order to start a GAIN assessment, you must do the following:
 1. Complete Client Profile Module in WITS.
 2. Use the Sync Client Information action button below to send the Client Profile information to GAIN.
 3. When you receive an information message that the record was "Successfully Synced", click on the Perform GAIN Assessment action button to launch a GAIN window. You will need a GAIN account to do this. (If you don't have a GAIN Account, please call your WITS Administrator).
 4. After completing one of the GAIN Assessments, click the Download / Update GAIN Summaries action button, which will pull the GAIN information back into WITS so that it can become part of the Client's electronic medical record.
 5. To view a completed GAIN Summary, click the Review action button.

Actions	GAIN Domain	GAIN Template	Assessment Date	Last Updated Date
Administrative Actions				
Sync Client Profile				
Perform GAIN Assessment				
Download/Update GAIN Summaries				

GAIN ABS
 Ver.1.1.3.8 Idaho Main Search Logout ?
 Client Record View
 Cindy Nou
 Client Record
 Treatment Episode 1

GAIN ABS
 Ver.1.1.3.8 Idaho Main Search Logout ?
 Client Record View
 Cindy Nou
 Client Record
 Treatment Episode 1
 Treatment Episode 1
 GAIN-I Interactive Interview
 GAIN-I Data Entry
 GAIN-Q Interactive Interview
 GAIN-Q Data Entry
 GAIN-Q3 Interactive Interview
 GAIN-Q3 Data Entry

5. Select the Template of GAIN-I 5.6.2 Core or GAIN-I 5.6.2 Full.

6. Enter Reference Date and Time. Select Morning or Afternoon

NOTE: Time must be entered in the specific format of 00:00 without the AM or PM designation. The designation of AM or PM is identified by choosing Morning or Afternoon.

7. Click Save and click Begin Interview.

The screenshot shows the 'Assessment Header' form in the GAIN ABS system. The form is divided into two columns of fields. On the left, there are fields for Instrument Type (GAIN-I), Instrument Version (5.6), Template (GAIN-I 5.6.2 Core), Data Entry Staff Id (106), Initial Key Date (9/12/2014), Initial Key Time, Edit Staff ID (106), Edit Date (9/12/2014), Study Site ID (Idaho), Local Site ID (blank), Staff Id (Denise Williams - 106), Staff Initials (DW), and Language (English). On the right, there are fields for Participant ID (9538), Treatment Participant ID, Participant Last Name (Nou), Participant First Name (Cindy), Participant Middle Initial, Social Security Number (000-00-0000), Other/State ID, Observation Value (0), Observation Verbatim, Assessment Date (9/12/2014), Reference Date (9/12/2014), What time is it? (07:00), and Is it currently morning or afternoon (AM/PM)? (Morning selected). At the bottom, there are three buttons: 'Begin Interview', 'Save', and 'Cancel'. Red callouts with numbers 5, 6, and 7 are overlaid on the form. Callout 5 points to the Template dropdown menu. Callout 6 points to the Reference Date, Time, and AM/PM selection fields. Callout 7 points to the 'Begin Interview' and 'Save' buttons.

GAIN ABS
Ver. 1.1.3.8

Assessment Header

Instrument Type	: GAIN-I	Participant ID	: 9538
Instrument Version	: 5.6	Treatment Participant ID	:
Template	: GAIN-I 5.6.2 Core	Participant Last Name	: Nou
	<input checked="" type="radio"/> Interactive <input type="radio"/> Data Entry	Participant First Name	: Cindy
Data Entry Staff Id	: 106	Participant Middle Initial	:
Initial Key Date	: 9/12/2014	Social Security Number	: 000-00-0000
Initial Key Time	:	Other/State ID	:
Edit Staff ID	: 106	Observation Value	: 0
Edit Date	: 9/12/2014	Observation Verbatim	:
Study Site ID	: Idaho	Assessment Date	: 9/12/2014
Local Site ID	: blank	Reference Date	: 9/12/2014
Staff Id	: Denise Williams - 106	What time is it?	: 07:00
Staff Initials	: DW	Is it currently morning or afternoon (AM/PM)?	: <input checked="" type="radio"/> Morning <input type="radio"/> Afternoon
Language	: English		

Generate the GRRS Report

8. Click GAIN-I {Conducted on...}.
9. Click Run GRRS Report (V2).
10. Select how to identify client.
11. Click Generate New GRRS.

GAIN ABS

Ver.1.1.3.8 Idaho Main Search Logout

Client Record View
Cindy Nou

Client Record

Treatment Episode 1
GAIN-I {Conducted on 9/12/2014 }

9

8

GAIN-I {Conducted on 9/12/2014 }
Continue With Interview
Edit Data Entry
View Assessment
Run Validity Report
Run PFR Report
Run Short Text Report
Run Full Assessment Report
Run GRRS Report (V2)
Run ICP Report

Select from the radio buttons to set how to identify the client:

10

First Name
 Initials
 Client Number
 Enter your own

Check to display the full name in the report header

What Language would you prefer to use?
English

Which diagnostic classification would you prefer to use?
 DSM-IV
 ICD-10

11

Generate New GRRS

Download the GRRS Report into WITS

NOTE: Download only the final (edited) GRRS Report into WITS. Click Sync Client Profile if necessary before downloading.

12. Click Sync Client Profile if necessary and click Download/Update GAIN Summaries.

13. Verify GRRS downloaded successfully.

14. Select Yes or No to populate the client profile with the values from the GAIN I you just completed.

The screenshot displays the WITS interface with three numbered callouts (12, 13, 14) and red arrows pointing to specific elements:

- Callout 13:** Points to a notification bar at the top that reads "3:47 PM on Friday, September 12, 2014: Download succeeded." and a table below it.
- Callout 12:** Points to the "Download/Update GAIN Summaries" link in the "Administrative Actions" section.
- Callout 14:** Points to the "Yes" button in a dialog box asking "Would you like to populate the client profile with the values from the GAIN I you just completed?".

The table below the notification bar contains the following data:

Actions	GAIN Domain	GAIN Template	Assessment Date	Last Updated Date
	GAIN-I	GAIN-I 5.6.2 Core	9/12/2014	9/12/2014

The "Administrative Actions" section includes the following links: [Sync Client Profile](#), [Perform GAIN Assessment](#), and [Download/Update GAIN Summaries](#).

The dialog box for step 14 contains the following fields:

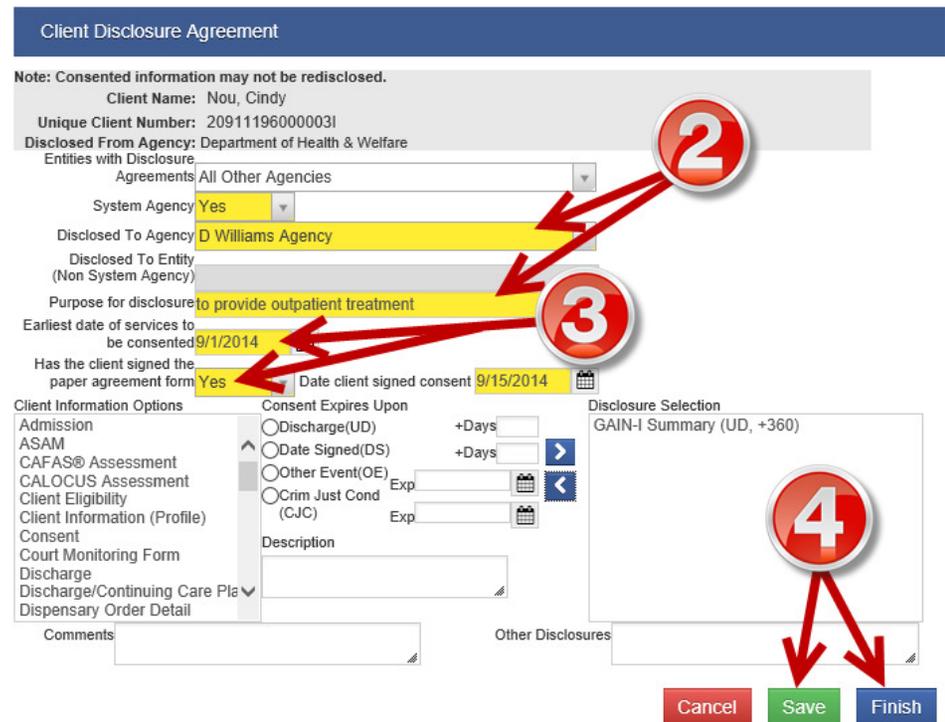
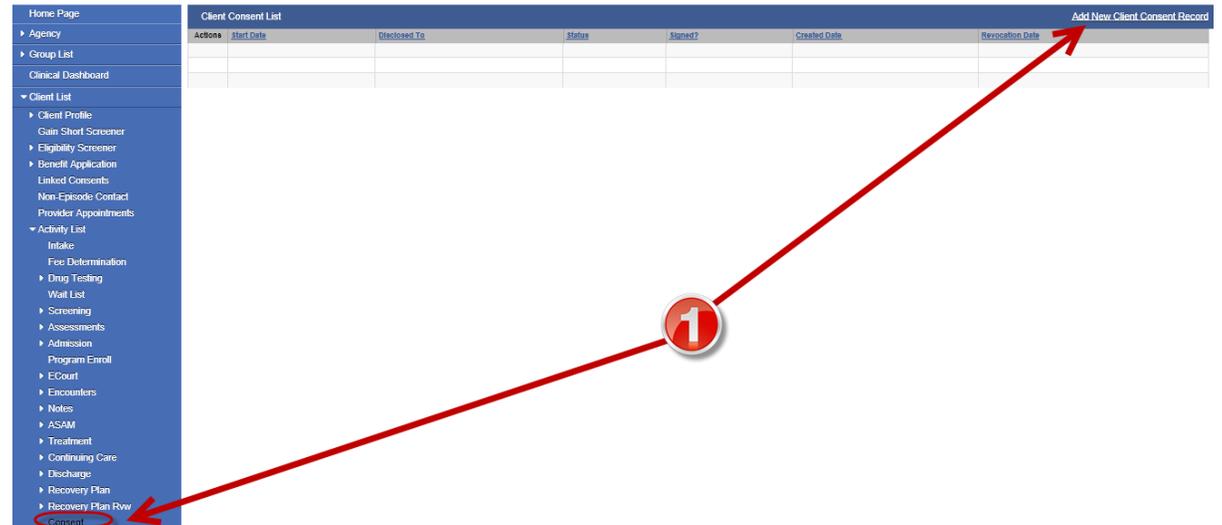
WITS Race	Caucasian	GAIN Race	
WITS Ethnicity	Not Spanish/Hispanic/Latino Mexi	Gain Ethnicity	
WITS Veteran Status	Never in Military	Gain Veteran Status	
WITS Drivers License Number		Gain Drivers License Number	

Create a Consent to a Treatment Provider

NOTE: This screen must be completed only if FACS has conducted the GAIN-I Assessment.

1. Click **Consent** on the Navigation Pane (left menu) and click **Add New Client Consent Record**.
2. Select **name of treatment provider in Disclosed to Agency** and enter **Purpose for Disclosure**.
3. Enter the **Intake Date as the Earliest date of services to be consented**. Select **Yes for Has the client signed the paper agreement form**.
4. Click **Save** and **Finish**.

NOTE: The Disclosure Selection has been preset to include the records that need to be consented.



Create a Consent to DHW Contractor

1. Click **Consent** and click **Add New Client Consent Record**.
2. Select **DHW Contractor in Disclosed to Agency** and enter **Purpose for Disclosure**.
3. Enter the **Intake Date as the Earliest date of services to be consented**. Select **Yes for Has the client signed the paper agreement form**.
4. Click **Save**.

NOTE: The Disclosure Selection has been preset to include the records that need to be consented.

Note: Consented information may not be redisclosed.
 Client Name: Nou, Cindy
 Unique Client Number: 20911196000031
 Disclosed From Agency: Department of Health & Welfare

Entities with Disclosure
 Agreements: DHW Contractor
 System Agency: Yes
 Disclosed To Agency: DHW Contractor
 Disclosed To Entity (Non System Agency):
 Purpose for disclosure: Referral for Client Treatment
 Earliest date of services to be consented: 9/10/2014
 Has the client signed the paper agreement form: Yes
 Date client signed consent: 9/12/2014

Client Information Options
 Admission
 ASAM
 CAFAS® Assessment
 CALOCUS Assessment
 Client Eligibility
 Court Monitoring Form
 Discharge
 Discharge/Continuing Care Pla
 Dispensary Order Detail
 Drug Test Results
 ECourt Admission

Consent Expires Upon
 Discharge(UD) +Days:
 Date Signed(DS) +Days:
 Other Event(OE) Exp:
 Crim Just Cond (CJC) Exp:

Description:

Disclosure Selection
 Client Information (Profile) (UD, +365)
 Consent (UD, +365)
 GAIN-I Summary (UD, +365)
 Intake Transaction (UD, +365)

Other Disclosures:

Comments:

Buttons: Cancel Save Finish

Create the Referral to DHW Contractor

1. Click **Create Referral Using this Disclosure Agreement**.
2. Select the **Reason**. Select **Yes for each question regarding Verification and Transfer of the client**.
3. Enter **Comments - date, user initials, eligibility criteria, whether GAIN was completed, and recommendation on treatment. Identify chosen treatment provider and location and indicate if the GAIN-I Summary has been consented to treatment provider**.
4. Select the **Central Office Facility** and **FACS program**.
5. Click **Save** and **Finish**.

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

Note: Consented information may not be redisclosed.

Client Name: Nou, Cindy

Unique Client Number: 20911196000031

Disclosed From Agency: Department of Health & Welfare

Entities with Disclosure

Agreements: DHW Contractor

System Agency: Yes

Disclosed To Agency: DHW Contractor

Disclosed To Entity (Non System Agency):

Purpose for disclosure: Referral for Client Treatment

Earliest date of services to be consented: 9/10/2014

Has the client signed the paper agreement form: Yes Date client signed consent: 9/12/2014

Client Information Options Admission ASAM CAFAS® Assessment CALOCUS Assessment Client Eligibility Court Monitoring Form Discharge Discharge/Continuing Care Pla Dispensary Order Detail	Consent Expires Upon <input type="radio"/> Discharge(UD) +Days <input type="radio"/> Date Signed(DS) +Days <input type="radio"/> Other Event(OE) Exp <input type="radio"/> Crim Just Cond (CJC) Exp Description	Disclosure Selection Client Information (Profile) (UD, +365) Consent (UD, +365) GAIN-I Summary (UD, +365) Intake Transaction (UD, +365)
---	---	--

Referral

Referred By

Agency: Department of Health & Welfare

Facility: DHW-Boise

Staff Member: Williams, Denise

Program: DHW-Boise/FACS Program : 9/15/2014 -

State Reporting Category: Private Pay/Self Pay

Reason: Service not available at this facility

If Other:

Is Consent Verification Required? Yes

Is Consent Verified? Yes

Continue This Episode of Care? Yes

Transfer this Client Info? Yes

Comments

9-15-14 DSW: Client eligible as more than \$500 of deductible owed. GAIN completed and recommends OP treatment. Make referral to Recovery Now (treatment provider) at Idaho Falls location. GAIN has been consented to treatment provider.

Referral Status: Referral Created/Pending

Referral Date: 10/1/2014

Projected End Date:

Created Date: 10/1/2014 1:38 PM

Referred To

Signed Consents: DHW Contractor

Agency: DHW Contractor

Facility: Central Office

Staff Member:

Program: FACS (NA)

State Reporting Category:

Non-System Agency:

Non-System Modality:

Non-System Specifier:

Appt Date: Undetermined

Consents Granted

Consent Date: 9/1/2014

Disclosure Domains:

Client Information (Profile) (UD, +365)

Consent (UD, +365)

GAIN-I Summary (UD, +365)

Intake Transaction (UD, +365)

Cancel Save Finish