Idaho Supreme Court

(Problem Solving Courts)

WITS

Frequently Asked Questions (FAQs)

December 19, 2013 (Questions 1-6)
Updated: February 12, 2014 (Questions 7-9)

Coordinators:

1. Do I need to do an authorization in WITS to a Treatment Provider for Outpatient Services?

   No. Outpatient services are covered under the flat rate system by your primary treatment provider, which does not require an authorization.

2. Do I need to do an authorization in WITS to a Treatment Provider for Recovery Support Services (RSS)?

   Yes, but only for the following services:
   - Residential
   - Detox
   - Half way House
   - Transitional Housing
   - Safe and Sober Housing
   - Child Care
   - Domestic Violence Treatment
   - Transportation of client, pick-up, and travel for professionals (frontier travel)

   All other RSS fall under the flat rate.

3. Do I see what Providers see in WITS?

   No. There are differences in the authority levels in WITS. Although coordinators have a high level of access they do not see everything a provider sees, such as notes or treatment plans.

4. When would I do consent in WITS? Why would I revoke consent?

   You would complete a consent in WITS for any participant, either flat rate (primary provider) or fee per service (RSS). Consents are revoked if prior to treatment the participant absconds or is unsuccessfully terminated.

5. When BPA contracted with ISC, a termination of services was performed when a client was discharged. What do I do now?

   Coordinators will not close out cases or terminate services through WITS. Providers will be responsible for terminating services.

6. What is expected of me regarding WITS? What are my tasks regarding billing and adjudication?

   All drug courts will utilize WITS to access Supreme Court Substance Abuse Treatment Funds and coordinators are required to complete a client profile, consent and referral for the flat rate (primary provider) services, and will complete a client profile, consent, referral, and authorization for fee per services (RSS providers).

7. Will I need to go backwards with the financial eligibility form or just start from now on?

   In order to stay consistent with the IDHW notification, all clients entered 2.1.2014 forward should have a Fee Determination.

8. Are we supposed to be doing the fee determination for all treatment or are we just doing it for RSS and Inpatient services?

   The Fee Determination is done at Intake, so all new clients, regardless of treatment/services should have a Fee Determination.

9. How is the client co-pay going to affect the flat rate that is being paid to the treatment providers for treatment?

   The client co-pay does not affect the flat rate at all. The co-pay is client specific; the flat rate is based on the number of slots per Provider, not clients.