

# IYTP/ WITS Transition and Integration FAQ

Version Summary	New Questions Added	Answers Revised
1/30/2015	1-15	n/a
2/27/2015	7-8, 14-16	n/a
5/6/2015	16	7, 10, 11, 14, & 15
5/21/2015	18	1, 9, 12, & 13
8/18/2015	17, 20-23, 26-27	7

## IYTP Grant

**Question 1:** Will providers be reimbursed for services performed on clients determined to be clinically ineligible?

**Answer:** Yes, you can be reimbursed for services performed for clients who are found to be ineligible for IYTP funding. There are two ways to be reimbursed depending on if the client has received a GAIN-I in WITS.

- If your agency has not yet performed a GAIN-I in GAIN ABS, you may bill for the services (ex. Screening) through the paper invoice process. Please enter the client name on the invoice submitted.
- If your agency did perform the GAIN-I in GAIN ABS, please complete the claims process in WITS. Follow the user guide on [wits.idaho.gov](http://wits.idaho.gov) under the IYTP tab - IYTP Ineligible Process Guide for more information.
  - For clients enrolled in the “IYTP Ineligible” program in WITS, you will not be required to complete a GPRA Intake or Admission Record to complete billing.
  - Remember: If a GPRA Intake is performed on a client who is found ineligible for IYTP Funding, the remaining 3 GPRA’s are then required in WITS and the client cannot be moved to the “IYTP Ineligible” program in WITS.

**Question 2:** Will IYTP claims be subject to the incentive requirements of being entered within 5 business days of service?

**Answer:** BPA will be withholding 5% of claims processed through WITS for IYTP. The SUD performance requirements that affect withhold do not apply to IYTP. Quarterly, 100% of the 5% withhold will be paid back to IYTP providers. Requirements for timely billing as outlined in the IYTP contract still apply.

## WITS

**Question 3:** What are BPA’s and the provider’s role in entering IYTP clients into WITS (i.e. entry of intakes, admissions, consents, referrals, authorizations, group enrollments, program enrollments, etc.)?

**Answer:** Providers will determine eligibility and create the client profile in WITS as well as, enter the intake, admission, client group enrollment, and program enrollment. Each provider will also

submit a consent, referral, and provisional voucher to BPA for authorization.

**Question 4: Will there be technical assistance on processes in WITS?**

**Answer:** Yes, providers will be given technical assistance through the WITS Help Desk and the IYTP staff (Rob Christensen- contact information below). Other technical assistance needs outside of WITS, should be communicated with BPA.

### Provisional Voucher / Authorization

**Question 5: Is the initial authorization of 250 units for 6 months of A-CRA services expected to be sufficient to provide treatment in IYTP?**

**Answer:** Transportation & GPRA Interviews will be separate services on the authorization with separate units (not included in the treatment authorization for 250 units).

The initial authorization for 250 units will cover all other treatment & RSS (including drug testing). The most important part about the authorization in WITS is that it is based on dollars and not units. Providers have authorizations totaling \$3,000.00 for 6 months. Authorized units may go in the negative, but providers will still be able to bill as long as there are dollars remaining on the authorization.

This amount authorized should be enough for IYTP clients when following the A-CRA model. If providers do run out of money on authorizations before the 6 months, contact BPA.

**Question 6: When will client data and GPRA Interviews for existing clients be completely data entered into WITS?**

**Answer:** Existing IYTP clients' entry into WITS was completed on Friday, January 9th, 2015.

This included data entry of GPRA Interviews previously submitted on paper.

Service providers will be responsible for collecting and entering into WITS any GPRA Interviews not previously submitted, even if outside the reporting window.

### GAIN Assessments

**Question 7: When is the GAIN-M90 due for IYTP Clients?**

**Answer:** The GAIN-M90 is due at two points in time for IYTP clients:

- 3-month follow-up time frame – completed 90 days after the client's IYTP GAIN-I Interview date
- 6-month follow-up time frame – completed at 180 days after the client's IYTP GAIN-I Interview date

In the GAIN-M90 Assessment Header put the appropriate "Observation Value" to represent the month – "3" (for 3-month GAIN-M90) or "6" (for 6-month GAIN-M90). In addition, type 'IYTP' into the "Observation Verbatim" field in the GAIN-M90 Assessment Header.

If the GAIN-I was performed at another agency or in a prior episode (a GAIN-I was not completed in the current IYTP case) complete the GAIN-M90 at 90 days or 180 days after the client's IYTP Intake Date in WITS, *not* 90 days after the GAIN-I interview date.

**Question 8:** Do I need to run a report/summary after performing the GAIN-M90 and entering the GAIN-M90 Activity in WITS?

**Answer:** No. There is no additional report to run in WITS or to keep in the client's hardcopy file. The GAIN-M90 only needs to be performed and a GAIN-M90 Activity entered in WITS.

**Question 9:** Will we be required to go back and do "catch up" GAIN-M90s on our existing clients?

**Answer:** The GAIN-M90 is a required part of the IYTP Grant. GAIN-M90s are required at two points in time – 3-month (90 days) & 6-month (180 days). If the client discharged prior to either of these points in time, the GAIN-M90 does not need to be completed.

Clients transitioned into WITS in January 1<sup>st</sup>, 2015 and are still in care today need to have a GAIN-M90 (at either or both points in time). If that transitioned client has missed the 3-month GAIN-M90, you will only be required to do a 6-month GAIN-M90.

Clients who started in IYTP after January 1<sup>st</sup>, 2015 should have both the 3-month & 6-month GAIN-M90s unless they discharged from services prior to the due date of the GAIN-M90 assessment.

**Question 10:** How will we distinguish IYTP GAIN assessments from the rest of our agency participants?

**Answer:** Providers will type 'IYTP' into the "Observation Verbatim" field in the GAIN Assessment Header in GAIN ABS to distinguish the two. Completion of this field is a requirement for reporting.

If the "Observation Verbatim" field was not completed at the time of assessment, providers will need to add this information to the GAIN Assessment Header later to ensure the assessment has this information. Instructions for updating the GAIN Assessment Header can be found at [wits.idaho.gov](http://wits.idaho.gov) under the IYTP Page.

**Question 11:** Will we have to have a GAIN-I assessment completed before a client can start in IYTP?

**Answer:** No, at this time you do not have to have a GAIN-I assessment completed when you send the provisional voucher request. However, BPA will need to know the status of the GAIN-I. When submitting the provisional voucher request, please enter the appropriate information in the "authorization comments" field:

1. If the GAIN-I was completed – note that the GAIN-I was completed;
2. If the GAIN-I is scheduled to be completed – enter the date the GAIN-I is scheduled for;
3. If you will be using a GAIN-I completed prior to the current IYTP case (allowable within the last 6 months only) – enter this information into the comments (such as the name of the other agency if applicable).

**Question 12:** Will we have to start doing a GAIN-I Full rather than a GAIN-I Core for IYTP clients?

**Answer:** No, you can perform either the GAIN-I Full or a GAIN-I Core for IYTP clients.

**Question 13:** Will I need to re-do the GAIN-I Full for IYTP clients who received the GAIN-I Core?

**Answer:** No, you do not need to re-do a GAIN-I that has already been completed. IYTP clients can have either the GAIN-I Full or the GAIN-I Core.

**Question 14:** What if another agency completed a GAIN-I assessment before the client began IYTP services with my agency?

**Answer:** There must be a GAIN-I assessment that the clinician determines is valid for this IYTP treatment episode. If the GAIN-I has been completed by another agency and it is less than 6 months old it can be used for the IYTP treatment episode. If the clinician determines that there have been major changes or the assessment is too old, they can complete a new GAIN-I Assessment.

**Question 15:** How do I perform a GAIN-M90 and GAIN-M90 activity when the GAIN-I assessment was completed by another agency before the client began IYTP services with my agency?

**Answer:** Contact the WITS Help Desk for assistance.

In these situations, the GAIN-M90 assessment should be completed 90 days and 180 days after the client's IYTP intake date in WITS, *not* days after the GAIN-I interview date.

**Question 16:** How do I perform a GAIN-M90 and GAIN-M90 activity when the GAIN-I assessment was completed by my agency in a prior episode in WITS before the client began in IYTP services?

**Answer:** Contact the WITS Help Desk for assistance.

In these situations, the GAIN-M90 assessment should be completed 90 days and 180 days after the client's IYTP intake date in WITS, *not* days after the GAIN-I interview date.

**Question 17:** Can I perform a telephonic GAIN-M90?

**Answer:** Yes, GAIN-M90s can be done telephonically. There are no other requirements.

GAIN-Is must be performed face to face.

## GPRA

**Question 18:** What are the GPRA Follow-up "windows"? What is the timeframe of when a GPRA Follow-up should be completed?

**Answer:** Both the 3-month GPRA Follow-up and the 6-month GPRA Follow-up can be performed and entered into WITS up to 1-month before the GPRA due date and as late as 2-months after the GPRA due date. Remember that these are months and not days.

**Question 19:** Can I perform a telephonic GPRA Interview?

**Answer:** Yes, GPRA 3-month Follow-up, GPRA 6-month Follow-up, and GPRA Discharge interviews can be done telephonically if one of the following is met:

1. The client is more than 30 miles away from your office, or
2. The client is incarcerated, or
3. The client has missed at least 1 attempt to do a face-to-face interview (ex. No show for an appointment)

GPRA Intake interviews must be performed face-to-face.

**Question 20:** I cannot locate the client to perform the GPRA Follow-up Interviews, what do I do?

**Answer:** Our primary goal is to have the GPRA data, but in situations where that cannot happen, the secondary goal is to have the interview completed in the follow-up window.

If you have attempted to schedule a face-to-face interview or a telephonic interview have been unsuccessful, make sure to enter the interview before the window closes and mark the interview as “No interview conducted”.

**Question 21:** Does a GPRA Interview need to be performed by a clinical staff member?

**Answer:** No, an administrative staff person can perform a GPRA interview too.

**Question 22:** Will I be prompted to conduct a GPRA Discharge after completing a GPRA Follow-up?

**Answer:** No, this functionality is not in WITS for IYTP. Providers are responsible for ensuring that all GPRA Interviews are collected and entered into WITS. If the GPRA Follow-up window is open at the time of discharge, the provider can enter the interviews both on the same day, using the same data.

**Question 23:** Will I be reimbursed for a GPRA Interview that was not performed (i.e. No interview conducted)?

**Answer:** No, GPRA Follow-ups or GPRA Discharges that are not performed with the client (either face-to-face or telephonically) are not payable.

## BPA Process

**Question 24:** I understand that we do the GAIN-I, then request units for the GAIN-I, and bill it. How long will this take?

**Answer:** BPA will process provisional voucher requests within 2 business days of receipt. Often it is less than 2 business days, but we are committed to having authorization requests completed in no more than 2 business days.

**Question 25:** Providers perform services before they have an authorization (i.e. screenings, GAIN’s, etc.). Will provisional vouchers be backdated to cover these services and allow for billing?

**Answer:** When a provider submits provisional voucher requests to BPA, ensure that the start date of the authorization is the first date of services provided (including assessments and screenings). Once the authorization is approved, providers can bill for those services performed prior to having an active authorization.

**Question 26:** How do I request Transportation, Childcare, or Staffing be added to my authorization?

**Answer:** Initial requests for Transportation, Childcare, or Staffing, can be sent to BPA through an “Authorization Change Request – Note to Authorizer” in WITS.

**Question 27:** What do I do if I have run low or out of Transportation units or funding and need more?

**Answer:** If you have been authorized 200 units of mileage transportation and would like to request more because the client is going to run out of units, please email Brina Jensen ([brina.jensen@bpahealth.com](mailto:brina.jensen@bpahealth.com)) to make that request.

## Reporting

**Question 28:** Will there be monthly reports on IYTP assessments?

**Answer:** Yes, a monthly report will be generated by individual agencies, individual staff members of service providers, and by Chestnut Health Systems. A report will be provided by Chestnut categorized by individual agencies and individual staff on IYTP assessments

**Question 29:** Will there be opportunity in WITS to capture information on the targeted populations, as outlined in the grant?

**Answer:** Yes, in addition to the other fields already capturing gender, race, etc., there will also be a field to capture data on sexual orientation.

## Contact Information

Idaho Department of Health and Welfare

- Program & Technical Assistance | Rob Christensen – 208-334-6546, [ChristensenR@dhw.idaho.gov](mailto:ChristensenR@dhw.idaho.gov)
- WITS | WITS Help Desk – 208-332-7316, Toll-Free: 844-726-7493, [dbhwitshd@dhw.idaho.gov](mailto:dbhwitshd@dhw.idaho.gov)

Business Psychology Associates

- BPA | Call Center – 208-947-4393, Toll Free: 800-922-3406
- General Process | Brina Jensen – 208-947-1279, [brina.jensen@bpahealth.com](mailto:brina.jensen@bpahealth.com)
- Provider Network | Michelle Barker – 208-947-4377, [michelle.barker@bpahealth.com](mailto:michelle.barker@bpahealth.com)
- Contract / Program | Sara Bartles – 208-947-1273, [sara.bartles@bpahealth.com](mailto:sara.bartles@bpahealth.com)

GAIN ABS Support Team

- GAIN Entry | -309-451-7777, [ABSsupport@chestnut.org](mailto:ABSsupport@chestnut.org)