



Guide for IYTP

COMPLETE 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**.
 4. **Complete all required fields.**
 5. Click **Save** and  twice to advance to the Additional Information screen.

Home Page
▶ Agency
▶ Group List
Clinical Dashboard
▶ Client List
▶ Client Profile
Gain Short Screener
▶ Eligibility Screener
▶ Benefit Application
Linked Consents
Non-Episode Contact
▶ Activity List
Episode List
▶ System Administration
▶ My Settings

Client Search

Agency: Provider Training Agency
Facility: [dropdown]
First Name: [input]
Last Name: [input]
SSN: [input]
DOB: [input]
Idaho-WITS Training Client Id: [input]
Unique Client Number: [input]
Treatment Staff: [dropdown]
Case Status: All Clients [dropdown]
Other Number: [input]
Include Only Active Consents: Yes [checkbox]
Provider Client ID: [input]
Primary Care Staff: [input]
Intake Staff: [dropdown]
Number Type: [dropdown]
Clear [button] Go [button]
Add Client [button]

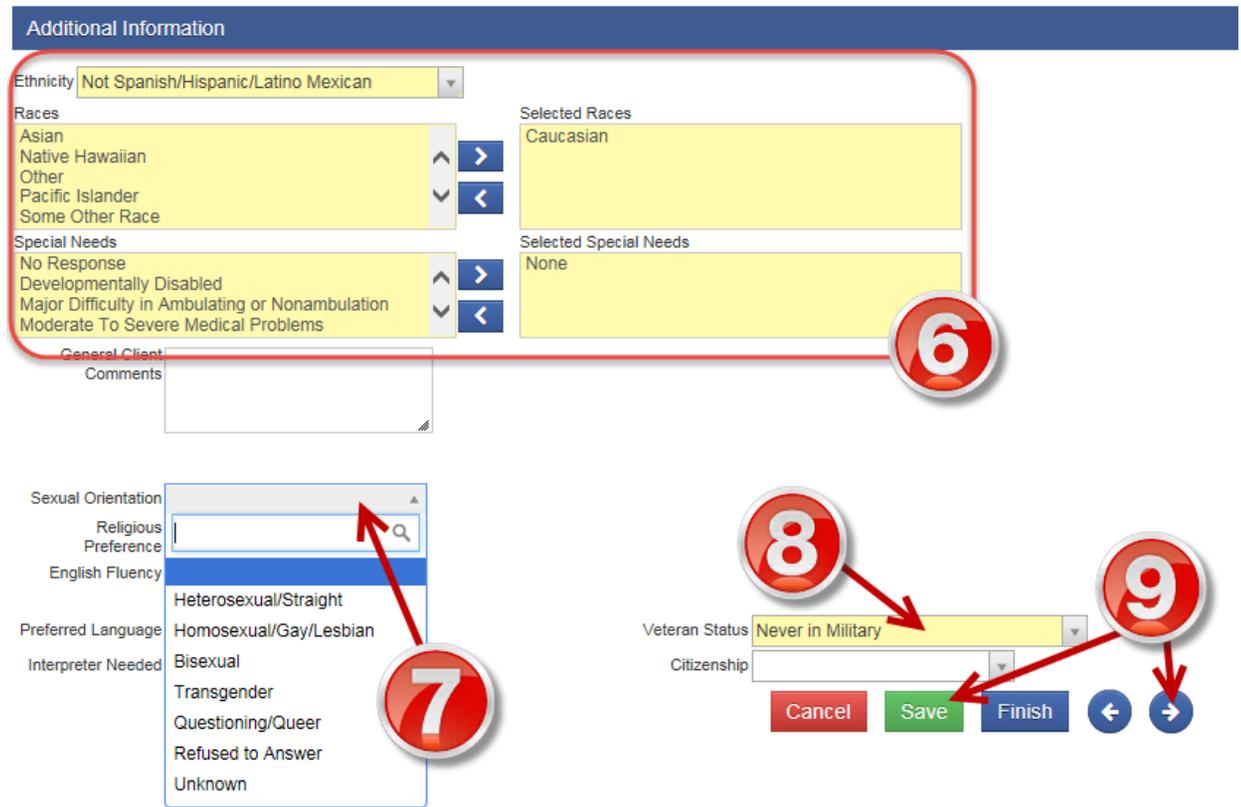
Profile

First Name: Jamie
Middle Name: [input]
Last Name: IYTP
Gender: Female [dropdown]
DOB: 11/12/1995 [calendar icon]
SSN: 000-21-2451
Provider Client ID: [input]
Unique Client Number: 21112180245110A
State Client ID: [input]
Record Created By: Schreiber, Kymberlee
Last Updated By: Clinical, Kym
Created Date: 11/13/2014 3:58 PM
Last Updated Date: 12/2/2014 1:55 PM
Driver's License: [input]
Access Category: [dropdown]
Has paper file: Yes [checkbox]
Administrative Actions: [input]
Cancel [button] Save [button] Finish [button] [arrow icon]

Complete the Client Profile – Additional Information

6. Select **Ethnicity**, select **Races**, and select **Special Needs**. 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**.
7. Select **Sexual Orientation**. This is not a required field in WITS and therefore is not a yellow field. **This is required information to be collected on IYTP clients.**
8. Select **Veteran Status**.
9. 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).

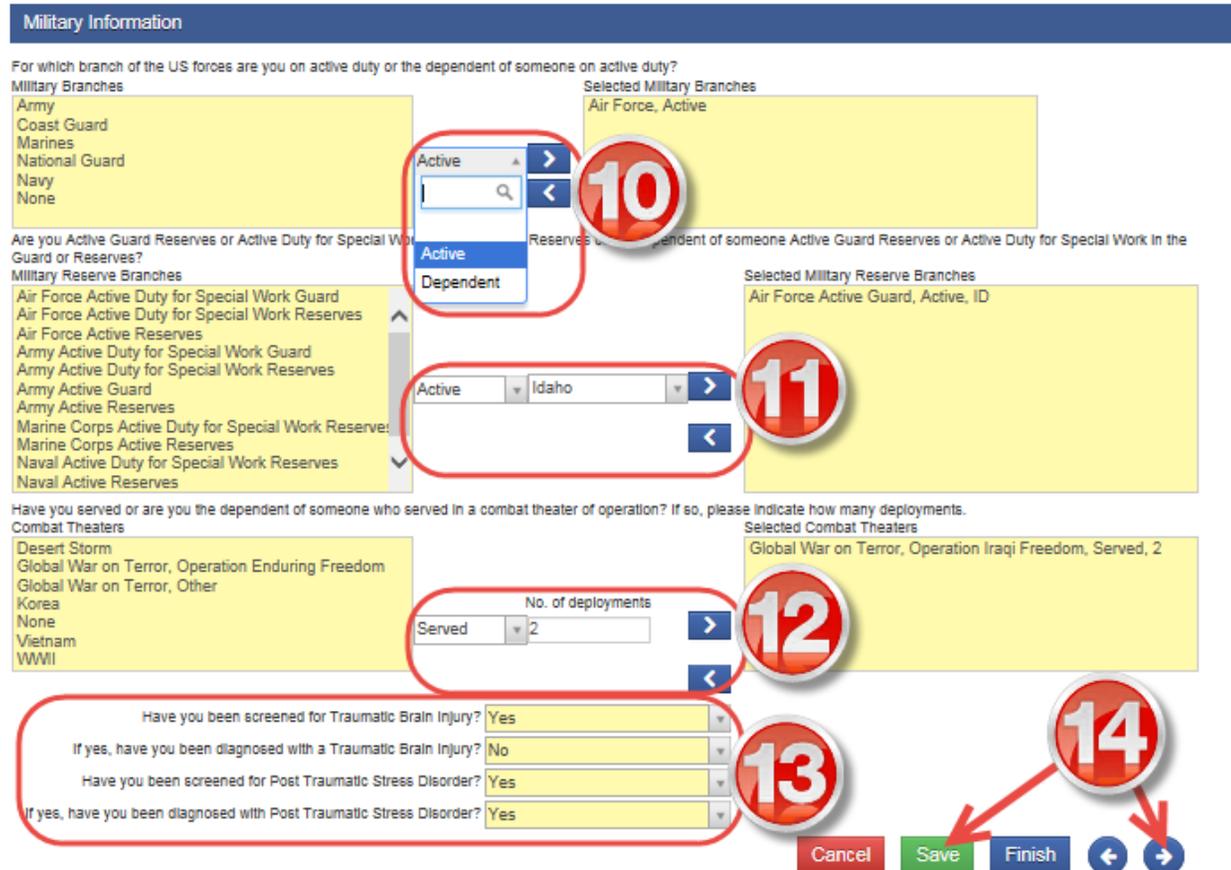
NOTE: All light yellow screens on the Client Profile and Intake must be completed prior to conducting a GAIN-I Assessment.



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.

10. Select **Military Branches** and select **Active** or **Dependent** (as circled).
11. Select **Military Reserve Branches**, select **Active or Dependent**, and select **State** (as circled).
12. Select **Combat Theaters**, select **Served or Dependent**, and select **No. of deployments** (as circled).
13. Select **Yes** or **No** for each questions regarding Traumatic Brain Injury.
14. 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?
Military Reserve Branches
Air Force Active Duty for Special Work Guard
Air Force Active Duty for Special Work Reserves
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
Naval Active Reserves

Selected Military Reserve Branches
Air Force Active Guard, Active, ID

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

Buttons: Cancel, Save, Finish, Previous, Next

Callouts: 10 (Active/Dependent), 11 (Active/Dependent, State), 12 (Served/Dependent, No. of deployments), 13 (TBI/PTSD questions), 14 (Save, Next)

Complete the Client Profile – Contact Info

15. 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.

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

17. 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.

18. Click **Save** and **Finish**.

Contact Info

Home Phone # Preferred Method of Contact

Work Phone #

Mobile #

Other Phone #

Fax #

Email Address

Addresses Add Address

Actions	Address Type	Address	Confidential	Created	Updated

Cancel Save Finish ← →

Address Information

Address Type Confidential

Address Line 1

Address Line 2

City State ID Zip

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: 8888 Honey Crisp Lane, Boise, Idaho 83714	<input type="button" value="Select"/> <input type="button" value="Edit"/>

Contact Info

Home Phone # Preferred Method of Contact

Work Phone #

Mobile #

Other Phone # 208-565-8945

Fax # applefritter@gmail.com

Email Address

Addresses Add Address

Actions	Address Type	Address	Confidential	Created	Updated
<input type="button" value="Edit"/>	Client Home	8888 Honey Crisp Lane Boise, ID 83714	No	12/5/2014	12/5/2014

Cancel Save Finish ← →

CREATE FEE DETERMINATION

1. Click **Activity List** on the Navigation Pane (left menu) and click **Fee Determination**.
2. Click **Add New**.
3. **Complete all required fields.**
4. Click **Calculate Fee Percentage**.

User: Schreiber, Kimberlee | Location: Provider Training Agency, Treatment Location 1 | Snapshot

Client: Belcher, Gene | 10906196468207E | 1 | Clear Client

Home Page

Agency Contacts

- Agency
- Group List
- Clinical Dashboard
- Authorization Dashboard
- Client List
 - Client Profile
 - Gain Short Screener
 - Eligibility Screener
 - Benefit Application
 - Linked Consents
 - Contacts
 - Non-Episode Contact
 - Activity List
 - Intake
 - Fee Determination
 - Drug Testing
 - Wait List
 - Screening

Fee Determination List

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

Add New

Fee Determination Profile

Effective Date: 2/19/2015

Has client signed paper form? Yes

Has staff member signed form? Yes

Monthly Income (from all sources): \$1,200.00

Number in family (including client): 1

Gross Annual Income: \$0.00

Total Annual Deductions: \$0.00

Adjusted Annual Income: \$0.00

Fee Percentage: \$0.00

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

Court Ordered Obligations	\$50.00
Dependent Support	\$0.00
Child Care Expenses Necessary for Parental Employment	\$0.00
Medical Expenses	\$0.00
Transportation	\$130.00
Extraordinary Rehabilitative Expenses	\$0.00
State and Federal Tax Payments (including FICA taxes)	\$180.00
Total Monthly Deductions	\$0.00

Administrative Actions

Calculate Fee Percentage

Cancel Save Finish

Complete the Fee Determination

- 5. Gross Annual Income, Total Annual Deductions, Adjusted Annual Income, and Fee Percentage will populate with values after Step 4 is completed. The client will be responsible for payment of services based on the Fee Percentage.
- 6. Click **Save**. The Fee Determination will become read-only.
- 7. Click **Finish**.

Fee Determination Profile

Effective Date 2/19/2015

Has client signed paper form? Yes

Has staff member signed form? Yes

Monthly Income (from all sources) \$1,200.00

Number in family (including client) 1

Gross Annual Income \$14,400.00

Total Annual Deductions \$4,320.00

Adjusted Annual Income \$10,080.00

Fee Percentage 0

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

Court Ordered Obligations	\$50.00
Dependent Support	\$0.00
Child Care Expenses Necessary for Parental Employment	\$0.00
Medical Expenses	\$0.00
Transportation	\$130.00
Extraordinary Rehabilitative Expenses	\$0.00
State and Federal Tax Payments (including FICA taxes)	\$180.00
Total Monthly Deductions	\$360.00

Administrative Actions

[Calculate Fee Percentage](#)

Cancel Save Finish

Fee Determination Profile

Effective Date 2/19/2015

Has client signed paper form? Yes

Has staff member signed form? Yes

Monthly Income (from all sources) \$1,200.00

Number in family (including client) 1

Gross Annual Income \$14,400.00

Total Annual Deductions \$4,320.00

Adjusted Annual Income \$10,080.00

Fee Percentage 0

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

Court Ordered Obligations	\$50.00
Dependent Support	\$0.00
Child Care Expenses Necessary for Parental Employment	\$0.00
Medical Expenses	\$0.00
Transportation	\$130.00
Extraordinary Rehabilitative Expenses	\$0.00
State and Federal Tax Payments (including FICA taxes)	\$180.00
Total Monthly Deductions	\$360.00

Administrative Actions

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 the **Date of First Contact** and update the **Intake Date**, if necessary. Select the **Pregnant** status and enter the **Due Date**, if necessary.
5. Select **Idaho Youth Treatment Program (IYTP)** as the **Priority Population**. Select **Yes** or **No** for **HIV Tested** and select the status for **Past IV Drug Use**.
6. Enter **Presenting Problem** in Client's Own Words.
7. Select **Inter-Agency Services**.
8. Click **Save** and **Finish**.

The screenshot shows the 'Intake Case Information' form with the following fields and callouts:

- 1:** Points to the 'Activity List' menu item in the left navigation pane.
- 2:** Points to the 'Start New Episode' button in the top right of the Episode List table.
- 3:** Encircles the 'Intake Facility' dropdown (Treatment Location 1), 'Intake Staff' dropdown (Schreiber, Kymberlee), 'Initial Contact' dropdown (Appointment), 'County of Res.' dropdown (ADAMS), and 'Source of Referral' dropdown (Individual/Self).
- 4:** Encircles the 'Case #' field (1), 'Case Status' dropdown (Open Active), 'Date of First Contact' date field (11/13/2014), 'Intake Date' date field (11/13/2014), 'Pregnant' dropdown (No), and 'Due Date' date field.
- 5:** Encircles the 'Priority Population' dropdown (Idaho Youth Treatment Prog...), 'HIV Tested?' dropdown, and 'Past IV Drug Use' dropdown (No).
- 6:** Points to the 'Presenting Problem (In Client's Own Words)' text area containing 'I'm ready to change.'
- 7:** Points to the 'Inter-Agency Service Selected' dropdown (None).
- 8:** Encircles the 'Selected Domains' dropdown (Substance Abuse).

At the bottom, there are buttons for 'Cancel', 'Save', and 'Finish', along with a 'Date Closed' field and a 'Save & Close the Case' link.

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** under the Client Record View.

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**.

Home Page
 Agency
 Group List
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 Eligibility Screener
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 Provider Appointments
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 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
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 Full**.
6. Enter **IYTP** into the **Observation Verbatim** field.
7. Enter the **Time** and 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.

8. Click **Save** and click **Begin Interview**.

GAIN ABS
Ver. 1.1.3.8

Assessment Header

Instrument Type	: GAIN-I	Participant ID	: 10811
Instrument Version	: 5.6	Treatment Participant ID	:
Template	: GAIN-I 5.6.2 Full	Participant Last Name	: Farkus
<input checked="" type="radio"/> Interactive	<input type="radio"/> Data Entry	Participant First Name	: Scut
Data Entry Staff Id	: 402	Participant Middle Initial	:
Initial Key Date	: 12/18/2014	Social Security Number	: 311-00-8754
Initial Key Time	:	Other/State ID	:
Edit Staff ID	: 402	Observation Value	: 0
Edit Date	: 12/18/2014	Observation Verbatim	: IYTP
Study Site ID	: Idaho Test	Assessment Date	: 12/18/2014
Local Site ID	:	Reference Date	:
Staff Id	: Kymberlee Schreiber	What time is it?	: 12:47
Staff Initials	: KS	Is it currently morning or afternoon (AM/PM)?	: <input type="radio"/> Morning <input checked="" type="radio"/> Afternoon
Language	: English		

Buttons: **Begin Interview**, **Save**, **Cancel**

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Generate the GRRS Report

9. Click GAIN-I {Conducted on...}.
10. Click Run GRRS Report (V2).
11. Select how to identify the client in the text of the report and check the box to display the full name in the report header.
12. Click Generate New GRRS.

GAIN ABS

Ver.1.1.3.8 Idaho Main Search Logout

Client Record View
Cindy Nou

9

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

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

8

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.

13. Click Sync Client Profile, and click Download/Update GAIN Summaries.

14. Verify GRRS downloaded successfully.

15. Select **No** when asked populate the client profile with the values from the GAIN-I you just completed.

3:47 PM on Friday, September 12, 2014: Download succeeded.

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.

My GAIN password: test

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

Administrative Actions

[Sync Client Profile](#) [Perform GAIN Assessment](#) [Download/Update GAIN Summaries](#)

Would you like to populate the client profile with the values from the GAIN I you just completed?

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 DHW CONTRACTOR

1. Click **Consent** under the **Activity List** on the Navigation Pane (left menu) and click **Add New Client Consent Record**.
2. Select **DHW Contractor** in **Disclosed to Agency** and enter a **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.

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 - Drug Testing
 - Wait List
 - Screening
 - Assessments
 - Admission
 - Program Enroll
 - ECourt
 - Encounters
 - Notes
 - ASAM
 - Treatment
 - Continuing Care
 - Discharge
 - Recovery Plan
 - Recovery Plan Rvw
 - Consent

Actions	Start Date	Disclosed To	Status	Signed?	Created Date	Revocation Date	Add New Client Consent Record

Client Disclosure Agreement

Note: Consented information may not be redisclosed.

Client Name: Belcher, Gene
 Unique Client Number: 10906196468207E
 Disclosed From Agency: Provider Training Agency

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 IYTP Program
 Earliest date of services to be consented: 11/1/2014
 Has the client signed the paper agreement form: Yes
 Client signed consent: 11/5/14

Client Information Options: ASAM, CAFAS® Assessment, CALOCUS Assessment, Client Eligibility, Court Monitoring Form, Crisis Evaluation, Discharge/Continuing Care Plc, Dispensary Order Detail, Drug Test Results, ECourt Admission, ECourt Case Management

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

Disclosure Selection: Admission (UD, +365), Client Information (Profile) (UD, +365), Consent (UD, +365), Discharge (UD, +365), GAIN-I Summary (UD, +365), GAIN-M90 (UD, +365), GPRA Interview (UD, +365), Intake Transaction (UD, +365)

Other Disclosures

Cancel Save Finish

CREATE THE REFERRAL TO DHW CONTRACTOR

1. Click **Create Referral Using this Disclosure Agreement**.
2. Select the **Reason**.
3. Select **Yes** for **Is Consent Verification Required?** and **Is Consent Verified?** . Select **No** for **Continue this Episode of Care?**.
4. Select **Central Office** for **Facility** and **IYTP** for **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
 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)



Referral

Referred By:
 Agency: Provider Training Agency
 Facility: Treatment Location 1
 Staff Member: Schreiber, Kimberlee
 Program: Treatment Location 1/IYTP : 12/8/2014 -
 State Reporting Category: Adolescent GAIN-I Assessment
 Reason: Client requested referral
 If Other:
 Is Consent Verification Required? Yes
 Is Consent Verified? Yes
 Continue This Episode of Care? No

Referred To:
 Signed Consents: DHW Contractor
 Agency: DHW Contractor
 Facility: Central Office
 Staff Member:
 Program: IYTP (I)
 State Reporting Category:
 Non-System Agency:
 Non-System Modality:
 Non-System Specifier:
 Appt Date: Undetermined

Consents Granted
 Consent Date: 11/1/2014
 Disclosure Domains:
 Admission (UD, +365)
 Client Information (Profile) (UD, +365)
 Consent (UD, +365)
 Discharge (UD, +365)
 GAIN-I Summary (UD, +365)

Comments

Referral Status: Referral Created/Pending
 Referral Date: 12/15/2014
 Projected End Date:
 Created Date: 12/15/2014 2:20 PM

Buttons: Cancel, Save, Finish

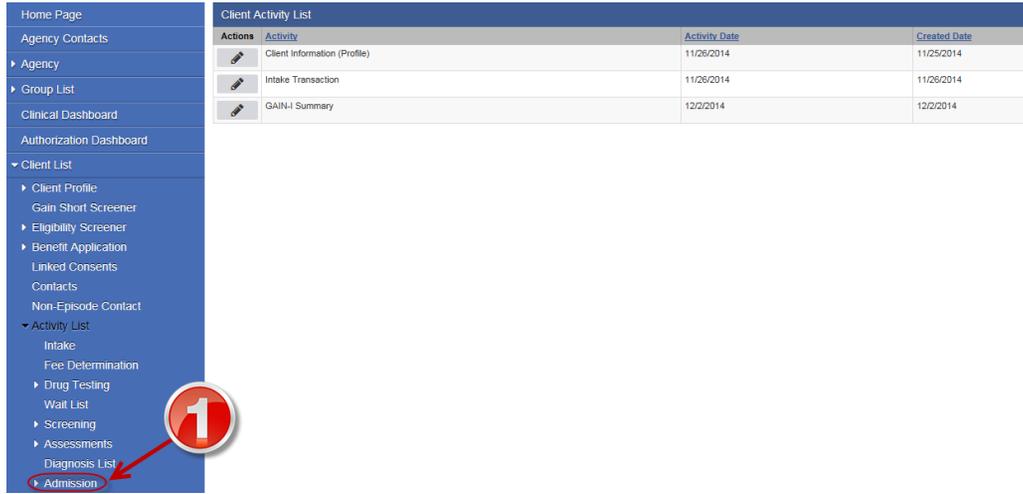


CREATE THE ADMISSION

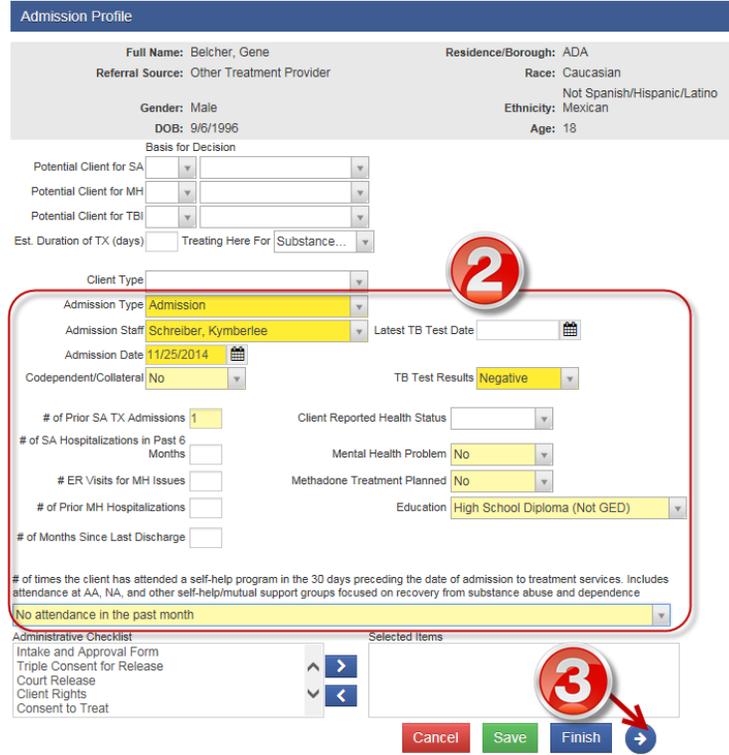
1. Click **Admission** on the Navigation Pane (left menu).
2. The Admission Profile will appear. **Complete all required fields.**

NOTE: # of Prior SA Tx Admissions, Client Reported Health Status, Mental Health Problem, and Education values will populate from the GAIN-I Assessment.

3. Click  to advance to the Financial Info screen.



Actions	Activity	Activity Date	Created Date
	Client Information (Profile)	11/26/2014	11/25/2014
	Intake Transaction	11/26/2014	11/26/2014
	GAIN-I Summary	12/2/2014	12/2/2014



Admission Profile

Full Name: Belcher, Gene Residence/Borough: ADA
 Referral Source: Other Treatment Provider Race: Caucasian
 Gender: Male Not Spanish/Hispanic/Latino
 DOB: 9/6/1996 Ethnicity: Mexican
 Age: 18

Basis for Decision

Potential Client for SA:
 Potential Client for MH:
 Potential Client for TBI:
 Est. Duration of TX (days): Treating Here For: Substance...

Client Type:

Admission Type: **Admission**
 Admission Staff: Schreiber, Kimberlee Latest TB Test Date:
 Admission Date: 11/25/2014
 Codependent/Collateral: No TB Test Results: Negative

of Prior SA TX Admissions: 1 Client Reported Health Status:
 # of SA Hospitalizations in Past 6 Months: Mental Health Problem: No
 # ER Visits for MH Issues: Methadone Treatment Planned: No
 # of Prior MH Hospitalizations: Education: High School Diploma (Not GED)
 # of Months Since Last Discharge:

of times the client has attended a self-help program in the 30 days preceding the date of admission to treatment services. Includes attendance at AA, NA, and other self-help/mutual support groups focused on recovery from substance abuse and dependence
 No attendance in the past month

Administrative Checklist: Intake and Approval Form, Triple Consent for Release, Court Release, Client Rights, Consent to Treat

Selected Items:

Buttons: Cancel, Save, Finish, 

Complete the Admission – Financial Information, Household Composition, & Substance Abuse

4. Complete all required fields.

NOTE: Employment Status, Primary Income Source, Marital Status, and Living Arrangement values will populate from the GAIN-I Assessment.

5. Click  to advance to the Substance Abuse screen.

6. Complete all required fields.

NOTE: Primary Substance, Secondary Substance, Tertiary Substance, and At what age did the client FIRST use the substances indicated above values will populate from the GAIN-I Assessment.

7. Click Save and click  to advance to the Legal History screen.

Admission

Financial Info

Employment Status: Primary Income Src:

Months employed or in Voc/Ed Training in last 12 months: Expected Payment Src:

Employer: Insurance Type:

Annual Household Income:

Other Income Sources: Veterans Administration, Disability, None

Other Income Sources Selected:

Household Composition

Household Composition: Marital Status:

Living Arrangement: # of People Living With Client:

Relation to Client: Aunt(s), Brother(s), Daughter(s)

Living with Client:

Buttons: Cancel, Save, Finish, , 

Admission

Substance Abuse

Rank	Substance	Severity	Frequency	Method	Detailed Drug Code
Primary:	<input type="text" value="Alcohol"/>	<input type="text" value="Severe Problem/Dysf..."/>	<input type="text" value="Daily"/>	<input type="text" value="Oral"/>	<input type="text" value="Alcohol"/>
Secondary:	<input type="text" value="None"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="Not Applicable"/>
Tertiary:	<input type="text" value="None"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="Not Applicable"/>

At what age did the client FIRST use the substances indicated above (if unknown, enter '97')

Primary: Secondary: Tertiary:

of DAYS since LAST use of the substances indicated above: Primary Secondary Tertiary

of Days Abstinent in Last 30 Days:

of Days in Support Group in Last 30 Days:

of Days Attended AA/NA/Similar Meetings in Last 30 Days:

Other Addictions: Alcohol

Selected Other Addictions:

Does Client Currently Use Tobacco:

Comments:

Substance Note:

Buttons: Cancel, Save, Finish, , 

Complete the Admission – Legal History & ASAM

8. Enter **# of Arrests in Past 30 days**.

9. Click  to advance to the ASAM screen.

10. Enter the **Level of Care** for each Dimension.

NOTE: Comments under each Dimension will populate from the GAIN-I Assessment.

11. Review and update **Comments** under each Dimension, as needed.

12. Click **Save** and click  to advance to the Client Diagnosis screen.

The image shows two screenshots of a web-based form. The top screenshot is titled "Admission" and "Legal History". It contains fields for "Legal Status" (Case Pending, Probation, Parole, Incarcerated), "Selected Legal Status", "Drug Court Participation", "# of Arrests in Lifetime", "# of Arrests in Past 12 Months", and "# of Arrests in Past 30 Days". A red circle with the number 8 points to the "# of Arrests in Past 30 Days" field. A red circle with the number 9 points to a right arrow button at the bottom right of the form. The bottom screenshot is titled "ASAM — PPC2R" and lists six dimensions: 1 - Acute Intoxication and/or Withdrawal Potential, 2 - Biomedical Conditions and Complications, 3 - Emotional, Behavioral, or Cognitive Conditions and Complications, 4 - Readiness to Change, 5 - Relapse, Continued Use, or Continued Problem Potential, and 6 - Recovery / Living Environment. Each dimension has a "Level of Risk" dropdown, a "Level of Care" dropdown (all set to "I.0 Outpatient"), and a "Comments" text area. A red circle with the number 10 points to the "Level of Care" dropdown for dimension 1. A red circle with the number 11 points to the "Comments" text area for dimension 5. A red circle with the number 12 points to the "Save" button at the bottom of the form. Navigation buttons "Cancel", "Save", "Finish", and arrows are visible at the bottom of both screenshots.

Complete the Admission – Client Diagnosis

13. Enter a Primary Diagnosis.

14. Click Save and Finish.

Client Diagnosis

Primary Based on Clinical Impressions?

Secondary Based on Clinical Impressions?

Tertiary Based on Clinical Impressions?

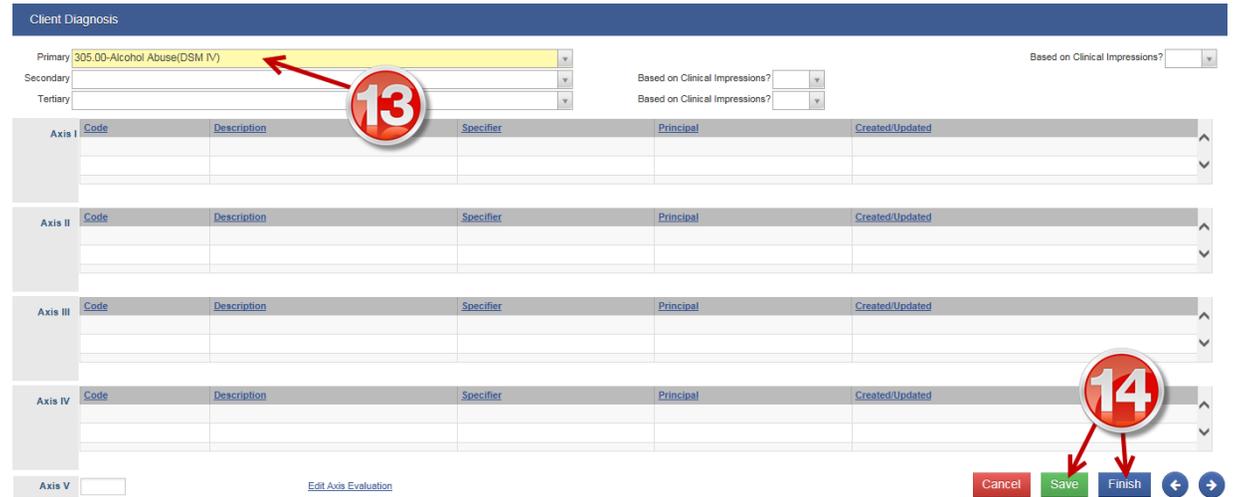
Axis I	Code	Description	Specifier	Principal	Created/Updated

Axis II	Code	Description	Specifier	Principal	Created/Updated

Axis III	Code	Description	Specifier	Principal	Created/Updated

Axis IV	Code	Description	Specifier	Principal	Created/Updated

Axis V [Edit Axis Evaluation](#)



CREATE THE CLIENT GROUP ENROLLMENT

1. Click **Client Profile** on the Navigation Pane (left menu). Click **Client Group Enrollment**.
2. Click **Add Government Contract Enrollment**.
3. Select the **IYTP Contract** and enter a **Start Date**.
4. Click **Save**.

The screenshot displays the 'Client Profile' section of a web application. The left navigation pane is expanded to show 'Client Profile', with 'Client Group Enrollment' selected. The main content area shows the 'Benefit Plan/Private Pay Billing Information' form, which is currently empty. The 'Payor List' table is visible at the top, with 'Add Government Contract Enrollment' highlighted in the top right corner. The 'Government Contract Billing Information' form is shown below, with fields for Plan Type, Contract, Plan-Group, and Subscriber #. The 'Start Date' field is set to 12/08/2014. The 'Save' button is highlighted in green at the bottom right.

CREATE THE PROGRAM ENROLLMENT

1. Click **Program Enroll** on the Navigation Pane (left menu).
2. Click **Add Enrollment**.
3. Select the Program Name **IYTP Program** and enter a **Zero (0)** for **Days on Wait List**.
4. Click **Save** and **Finish**.

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
 - Admission
 - Program Enroll

Program Enrollment

Actions	Program Name	Start Date	End Date	Facility	Notes

Finish

Program Enrollment Profile

Facility: Treatment Location 1

Program Name: IYTP

Program Staff: Schreiber, Kimberlee

BPA Authorization #:

Termination Reason:

Notes:

Days on Wait List: 0

Start Date: 12/8/2014

End Date:

TEDS/NOMS Status at Program Enrollment (12/8/2014)

Enrollment Type: Initial Admission

of Arrests in Last 30 Days: 0

Pregnant at Enrollment: No

Methodone Used as Part of Tx: No

Psychiatric Problem in Addition to Alcohol/Drug Problem: No

DSM Diagnosis: 305.00-Alcohol Abuse(DSM IV)

Marital Status: Never Married - Single

Living Arrangement: In-Household w/ Relatives

Employment Status: Employed-Part Time

Highest Education Level Completed: High School Diploma (Not GED)

Primary Income Src: Employment Wages

Expected Payment Src: DHW/BPA

Health Insurance: None

Primary Drug: Alcohol

Detailed Drug: Alcohol

Freq of Use: Daily

Route of Intake: Oral

Age of First Use: 15

Secondary Drug: None

Tertiary Drug: None

Not Applicable

N/A

96

Actions

Complete TEDS/NOMS Disenroll Status

Enroll in Concurrent Program

Cancel Save Finish

COMPLETE THE GPRA

NOTE: Follow the steps below when completing the GPRA Intake, GPRA 3 Month Followup, GPRA 6 Month Followup, and GPRA Discharge.

1. Select **Activity List** on the Navigation Pane (left menu).
2. Click **GPRA** on the Navigation Pane (left menu).
3. Click **Add GPRA Intake, Add GPRA 3 Month Followup, Add GPRA 6 Month Followup, or GPRA Discharge.**
4. Complete the GPRA assessment.
5. Click **Finish**.

Home Page	Client Activity List	Activity Date	Created Date	Status
Agency Contacts	Client Information (Profile)	11/26/2014	11/25/2014	Completed
Agency	Consent (DHW Contractor)	11/11/2014	12/8/2014	Completed
Group List	Intake Transaction	11/26/2014	11/26/2014	Completed
Clinical Dashboard	GAIN Summary	12/2/2014	12/2/2014	Completed
Authorization Dashboard	Admission	12/8/2014	12/8/2014	Completed
Client List	Client Program Enrollment (YTP)	12/8/2014	12/8/2014	Enrollment in Progress (Details)
Client Profile	GPRA Interview (Intake)	12/8/2014	12/8/2014	Completed
Gain Short Screener	Referral (DHW Contractor)	12/12/2014	12/12/2014	Completed
Eligibility Screener	GAIN-MSO	12/12/2014	12/12/2014	Completed
Benefit Application	GAIN-MSO	12/16/2014	12/16/2014	Completed
Linked Consents				
Contacts				
Non-Episode Contact				
Activity List				
Intake				
Fee Determination				
Drug Testing				
Wait List				
Screening				
Assessments				
Diagnosis List				
Admission				
Program Enroll				
Encounters				
Notes				
ASAM				
Treatment				
Continuing Care				
Discharge				
Recovery Plan				
Recovery Plan Rvw				
Consent				
GPRA				

Action	Interview Type	Client type	Interview Date	Record Status
Intake		Treatment Client	12/8/2014	Completed

10906196468207E | 1 Clear Client

4

Unique Client Number: 10906196468207E
 Contract/Client ID: T0225324
 Client Type: Treatment Client
 Interview Type: Intake
 Did you conduct an interview? Interview Date: 12/8/2014
 Was the client screened by your program for co-occurring mental health and substance use disorders? Yes
 Did the client screen positive for co-occurring mental health and substance use disorders? No

Created Date: []
 Created By: []
 Updated Date: []
 Updated By: []
 Upload Action: []
 Upload Status: []
 Number of Upload Errors: []
 Upload Date: []
 Response Date: []

Cancel

8. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt? Never

5

G. SOCIAL CONNECTEDNESS

1. In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization? [In other words, did you participate in a non-professional, peer-operated organization that is devoted to helping individuals who have addiction related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or ... Sobriety, etc.]
 No [] Times RF/DK [] Not Applicable []

2. In the past 30 days, did you attend any religious/faith affiliated groups?
 No [] Times RF/DK [] Not Applicable []

3. In the past 30 days, did you attend meetings of organizations that support recovery more than the organizations described above?
 No [] Times RF/DK [] Not Applicable []

4. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?
 Yes []

5. To whom do you turn when you are having trouble?
 Family member []

Other (Specify): []

Cancel Finish

CREATE A PROVISIONAL VOUCHER

1. Click **Client Profile**, and click **Authorization**.
2. Click **Add New Authorization Record**.
3. **Group Enrollment**, **Plan**, and **Contract**, will default to **IYTP**.
4. Enter the **End Date** of your request. This date should not exceed 6 months. The **Effective Date** defaults to the date of entry; change this as necessary.
5. Enter a note in the **Comments** box that the **GAIN has been completed and consented**.
6. Click **Save**, then click **Add Service**.

The screenshot shows a web application interface for creating a provisional voucher. It is divided into several sections:

- Navigation Menu (Left):** Contains links for Home Page, Agency Contacts, Agency, Group List, Clinical Dashboard, Authorization Dashboard, Client List, and Client Profile. A red arrow labeled '1' points to the 'Client Profile' link.
- Authorization List Table (Top Right):** A table with columns: Actions, Auth #, Payer, Status, Effective Date, End Date, Authorized, Encumbered, Expended, Available, and Last Activity Date. A red arrow labeled '2' points to the 'Add New Authorization Record' link in the top right corner.
- Authorization Form (Middle):** Contains fields for Group Enrollment (IYTP), Plan (IYTP), Status (Active), Contract (IYTP1 - DHW-Provider Training (IYTP) / 10/1/2013 - 9/30/2017 - IYTP-IYTP), Authorization #, Date Approved (12/9/2014), Administering Agency (Provider Training Agency), Effective Date (12/9/2014), and End Date (06/09/2015). A red arrow labeled '3' points to the Contract field. A red arrow labeled '4' points to the End Date field. A red arrow labeled '5' points to the Comments box containing the text 'GAIN has been completed and consented'.
- Authorized Services List Table (Bottom Middle):** A table with columns: Actions, Service, Authorized Units, Authorization Amt, Encumbered, Expended, and Available Units. A red arrow labeled '6' points to the 'Add Service' link in the top right corner.
- Summary and Actions (Bottom Right):** Shows a summary of totals: Total Authorized: 0.0, Total Encumbered: 0.0, Total Expended: 0.0, and Total Available: 0.0. Below this are buttons for Cancel, Save, and Finish.

7. Choose **IYTP GPRA Interview** as the **Service**. Enter **four (4)** units as **# Authorized Units**.

8. Click **Save** and **Finish**.

9. Choose **IYTP Treatment Program Services** as the **Service**. Enter **250** units as **# Authorized Units**

10. Click **Save** and **Finish**.

11. Click **Save** and **Finish**, again.

Authorized Services

Service: GPRA Interview (IYTP)

Authorization #: 2206

Authorized Units: 4

Used Units: 0

Authorized Amount: \$93.08

Buttons: Cancel, Save, Finish

Authorized Services

Service: IYTP Treatment Program Services

Authorization #: 2206

Authorized Units: 350

Used Units: 0

Authorized Amount: \$3,234.00

Buttons: Cancel, Save, Finish

Authorization

Group Enrollment: IYTP | Status: Provisional

Plan: IYTP | Contract: IYTP1 - DHW-Provider Training (IYTP) / 10/1/2013 - 9/30/2017 - IYTP-IYTP

Authorization #: 2206 | Date Approved: 12/9/2014

Administering Agency: Provider Training Agency | Updated Date: 12/9/2014 3:54 PM

Effective Date: 12/9/2014 | Updated By: Schreiber, Kymberlee

End Date: 6/9/2015

Comments: GAIN has been completed and consented.

Actions	Service	Authorized Units	Authorization Amt	Encumbered	Expended	Available Units
	GPRA Interview (IYTP)	4	\$93.08	\$0.00	\$0.00	4.00
	Outpatient	350	\$3,234.00	\$0.00	\$0.00	350.00

Actions

Authorized	\$3,327.08
Encumbered	\$0.00
Expended	\$0.00
Total Available	\$3,327.08

Buttons: Cancel, Save, Finish