

Idaho



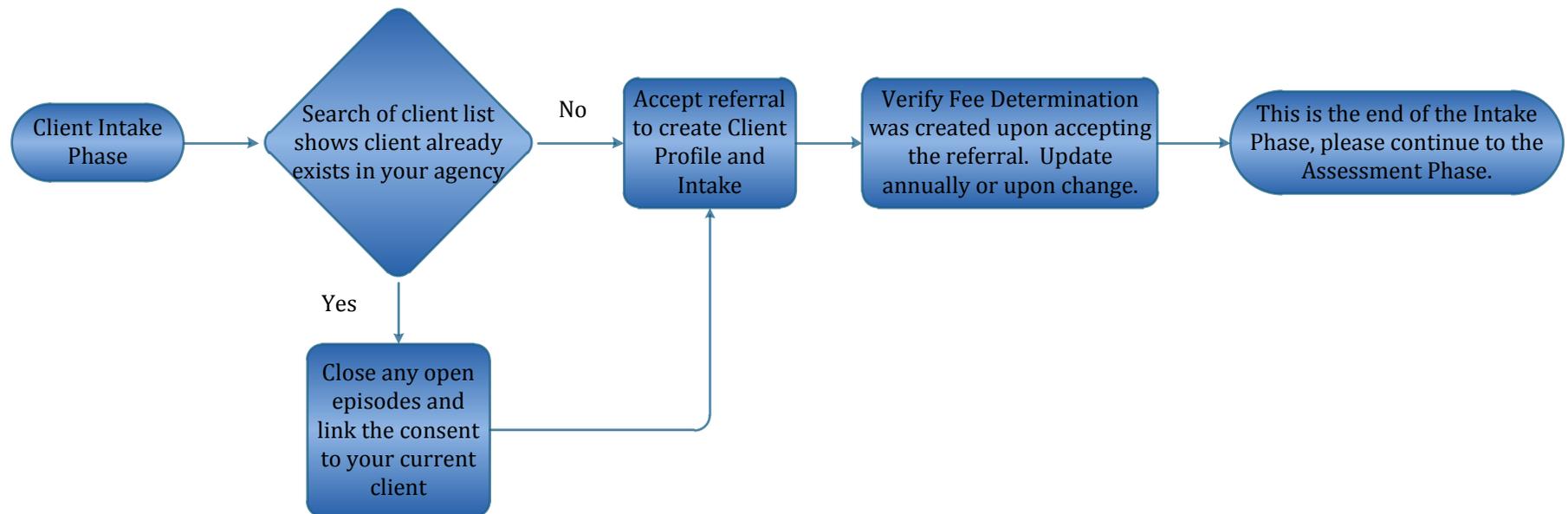
Treatment Provider

Client Flow

	Access to Recovery 4 (ATR4)	Idaho Department of Health and Welfare (IDHW)	Idaho Department of Correction (IDOC)	Idaho Department of Juvenile Corrections (IDJC)	Idaho Supreme Court (Courts)	Medicaid/Optum	Private Pay/Self Pay
Intake	Page 3	Page 9	Page 14	Page 19	Page 23	Page 27	Page 31
Assessment	Page 4	Page 10	Page 15	Page 20	Page 24	Page 28	Page 32
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Closure	Page 8	Page 13	Page 18	Page 22	Page 26	Page 30	Page 34

The WITS Treatment Provider Client Flow provides the basic process a provider will follow when a state funded client enters the Substance Use Disorder (SUD) network. Additional information is available at wits.idaho.gov. Links to the [WITS eManual](#) and [WITS User Guides](#) are provided throughout this document. If you need additional assistance, please view the [Decision Trees](#), also located at wits.idaho.gov.



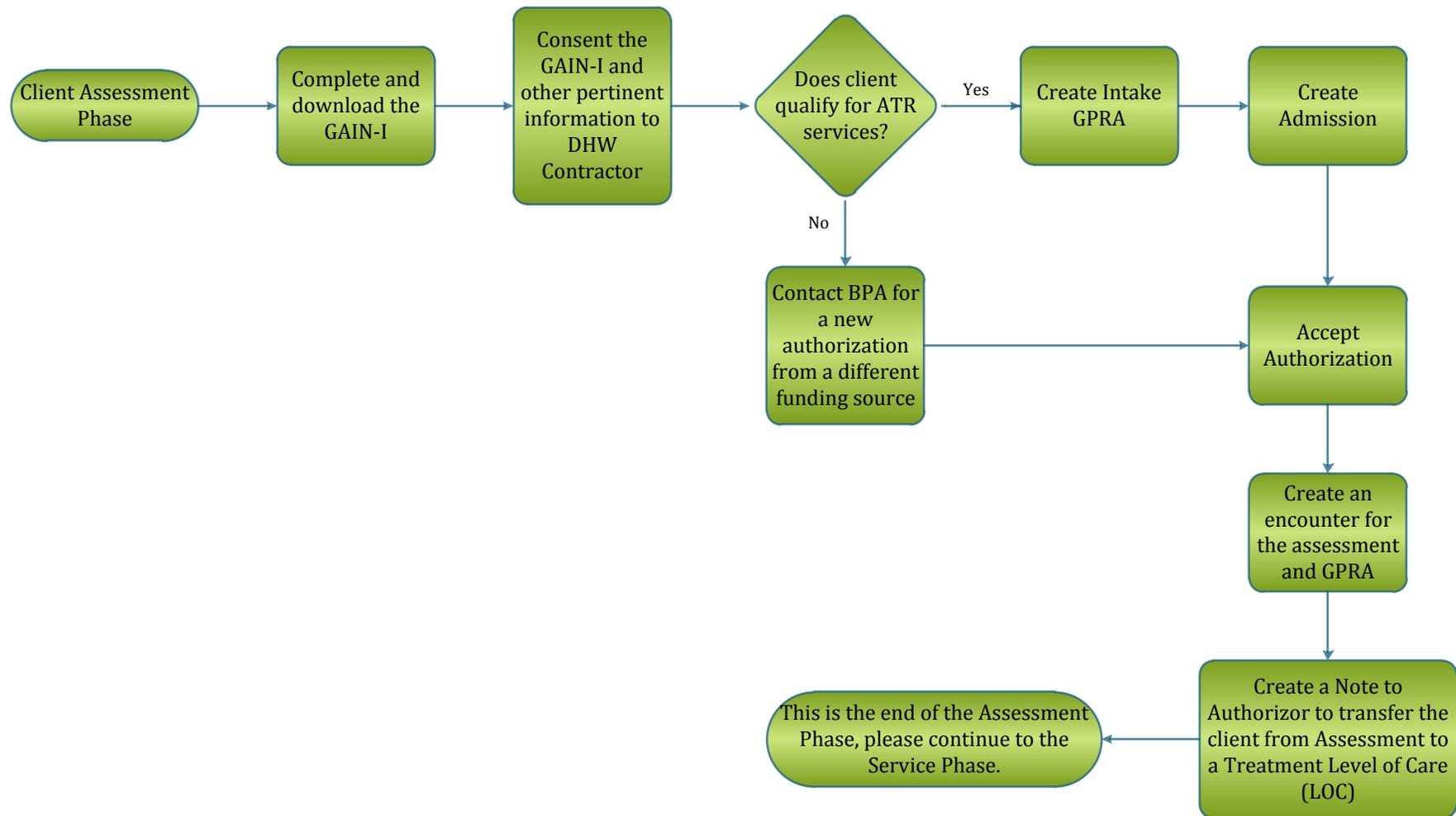


Description:

1. A prospective client is screened by BPA for services. The client is eligible for services and referred to the provider of their choice. The provider can contact the client by viewing the contact information that was consented to them in WITS.
2. When the client comes to the first appointment, the provider searches WITS to see if the client has a profile in their agency. If there is a profile from a previous episode, [link](#) the clients consent from an outside agency to the client in the provider agency. [Close any open episodes](#), then [accept the referral](#). If the client is not in WITS, the provider will only need to [accept the referral](#).
3. Accepting the referral will create a Client Profile and Intake.
4. Verify the [Fee Determination](#) was also created when the referral was accepted. This needs to be updated annually or upon change.



ATR4 Client Assessment Phase



Description:

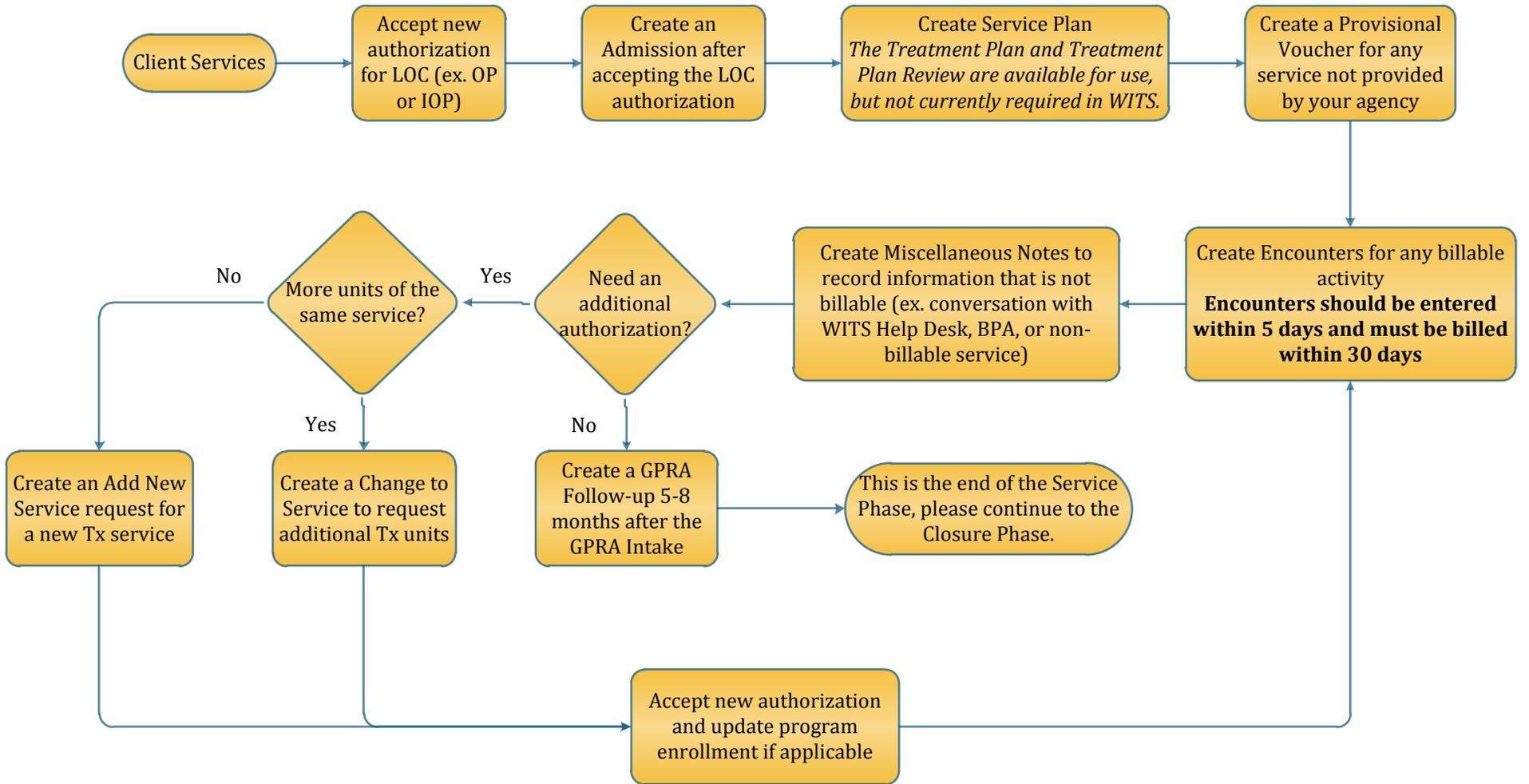
1. Conduct the GAIN-I Assessment and download the GAIN-I Summary (GRRS) into WITS.
2. Create a [Consent](#) to DHW Contractor for the GAIN-I Summary and other pertinent information.
3. If the client meets the clinical eligibility requirements for ATR4, create the GPRA Intake. If the client does not meet the clinical eligibility requirements, contact BPA to request a new authorization from a different funding source.

4. Create the [admission](#).
5. Review and accept the authorization.
6. [Create encounter\(s\)](#) (billable notes) for the assessment and GPRA.
7. Create a Note to Authorizer to request the client be [transferred to a Treatment Level of Care \(LOC\)](#) or to notify DHW Contractor [the client is leaving your agency](#).





ATR4 Client Services Phase



Description:

1. Accept the authorization and create the [Admission](#).
2. [Create a Service Plan](#). The [Treatment Plan](#) and [Treatment Plan Review](#) are available for use, but are not currently required in WITS.
3. [Create a Provisional Voucher](#) for any services to be conducted outside of your agency. The client record must have a [Consent and Referral](#) to the outside provider prior to creating a Provisional Voucher.

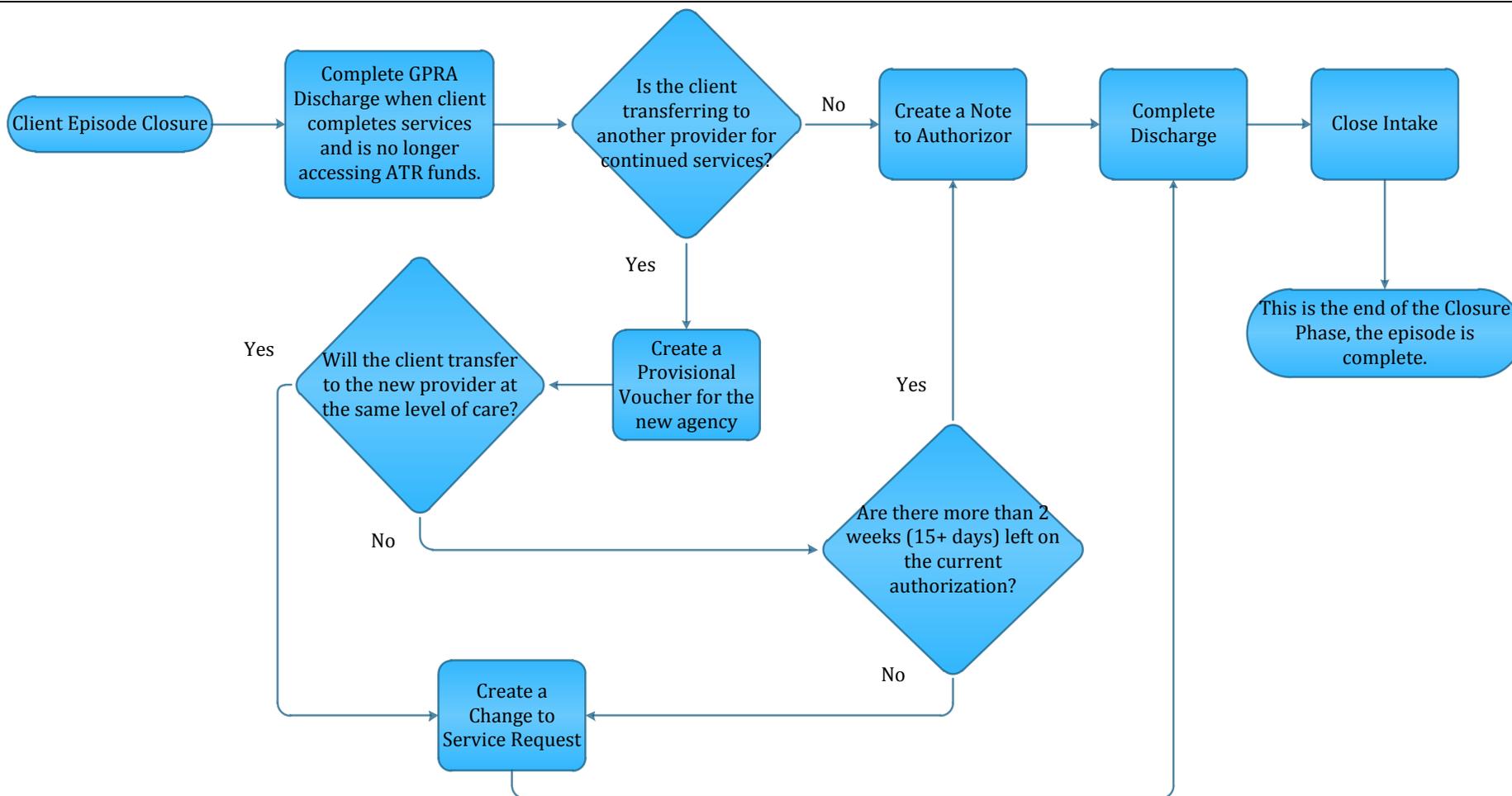


4. [Create encounters](#) for billable services. Providers can check the authorization to see which services are billable. It is recommended encounters are entered within 5 days, but if they are not [billed](#) within 30 days, the claims will be denied.
5. [Create Miscellaneous Notes](#) to record information in WITS that is non-billable. This may be used to track things such as conversations with BPA or the WITS Help Desk as well as record any non-billable service.
6. When the client requires updates, changes, or additional treatment services, providers will need to create an [Authorization Change Request\(ACR\)](#). Depending on the need, providers will create an ACR type of [Add New Service](#) request or [Change to Service](#) request. Providers will need to check the authorization to see if the request was approved or denied with a request for additional information. Once the authorization is approved, providers will accept the authorization and continue to bill for services.
7. Create the GPRA Follow-up within 5-8 months of the GPRA Intake.





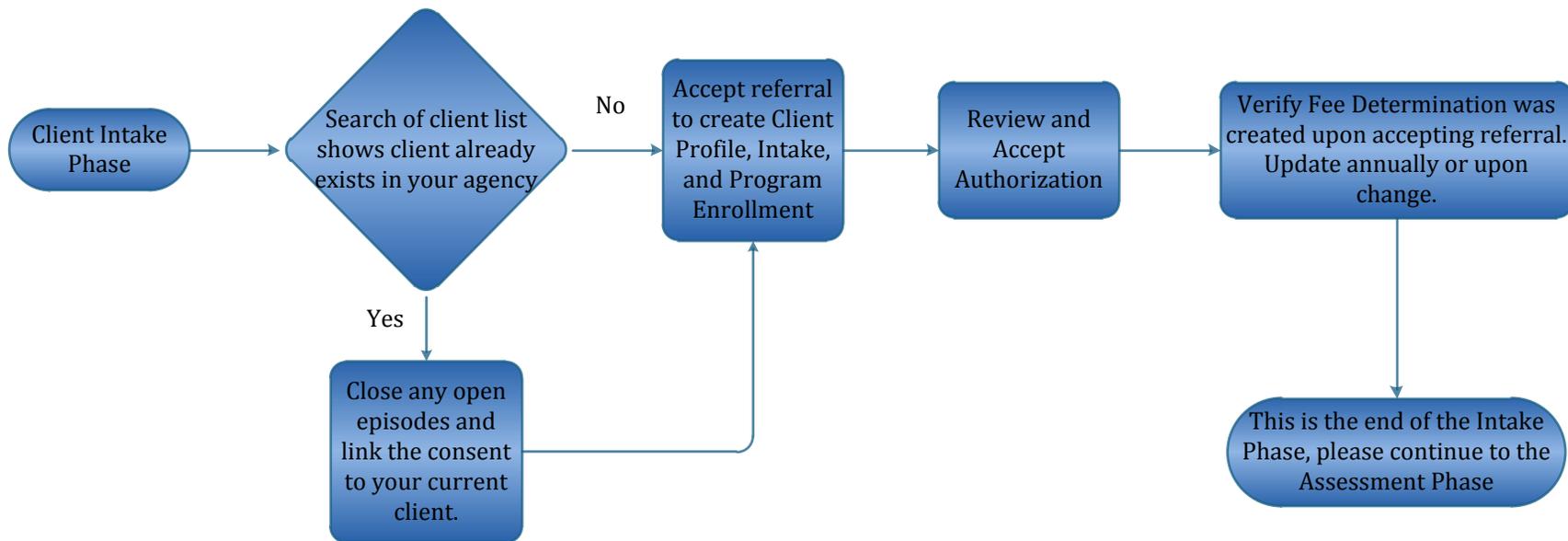
ATR4 Episode Closure Phase



Description:

1. Create the GPRA Discharge.
2. [Create an Authorization Change Request\(ACR\)](#) to notify DHW Contractor the client is no longer receiving services at your agency. Depending on the clients LOC, destination, and time left on the authorization, the provider will need to create an ACR type of [Note to Authorizer](#) or [Change to Service](#). If the client is transferring to another provider, create a [Provisional Voucher](#) to transfer the treatment services to that provider.
3. Complete the [Discharge](#) and close the Intake.

Department of Health and Welfare Client Intake Phase

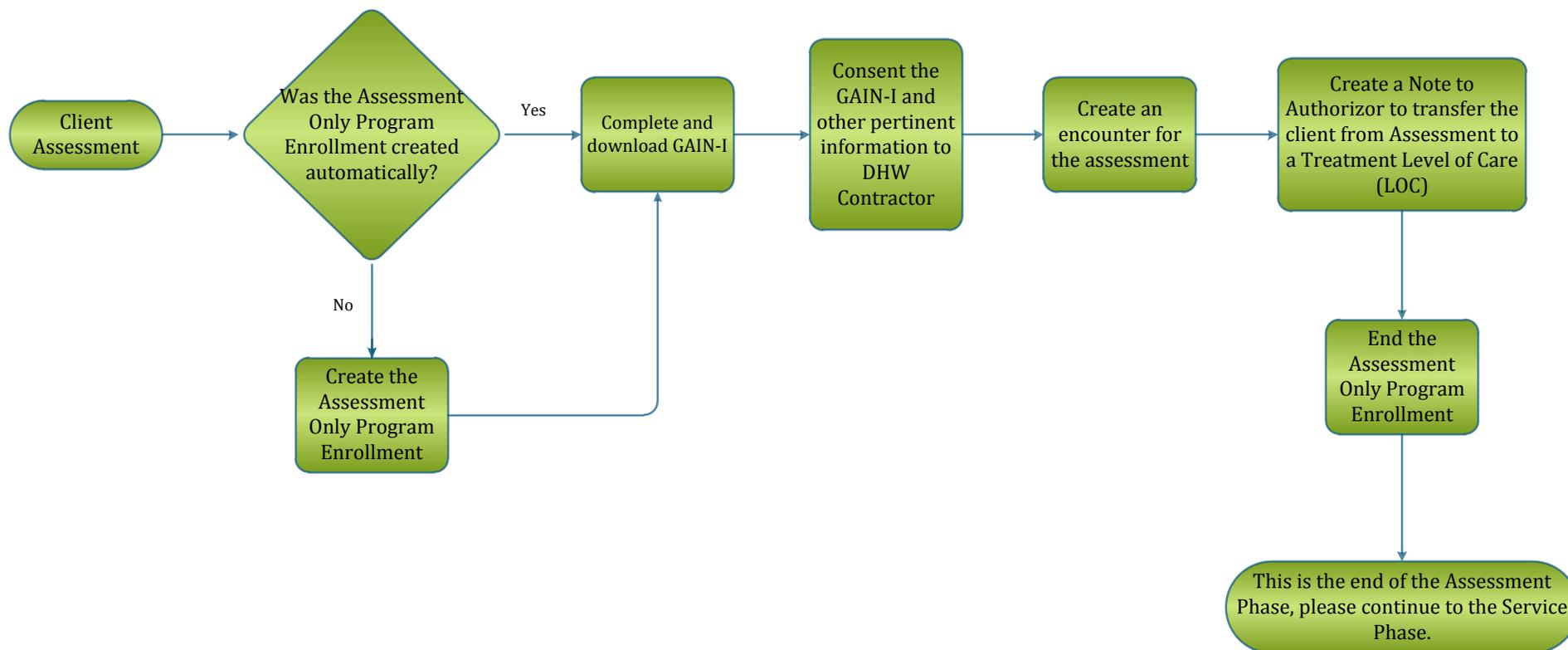


Description:

1. A prospective client is screened by BPA for services. The client is eligible for services and referred to the provider of their choice. The provider can contact the client by viewing the contact information that was consented to them in WITS.
2. When the client comes to the first appointment, the provider searches WITS to see if the client has a profile in their agency. If there is a profile from a previous episode, [link](#) the clients consent from an outside agency to the client in the provider agency. [Close any open episodes](#), then [accept the referral](#). If the client is not in WITS, the provider will only need to [accept the referral](#).
3. Accepting the referral will create a Client Profile, Intake, and Program Enrollment. Once this is created, the provider can [review and accept the authorization](#).
4. Verify the [Fee Determination](#) was also created when the referral was accepted. This needs to be updated annually or upon change.



Department of Health and Welfare Client Assessment Phase

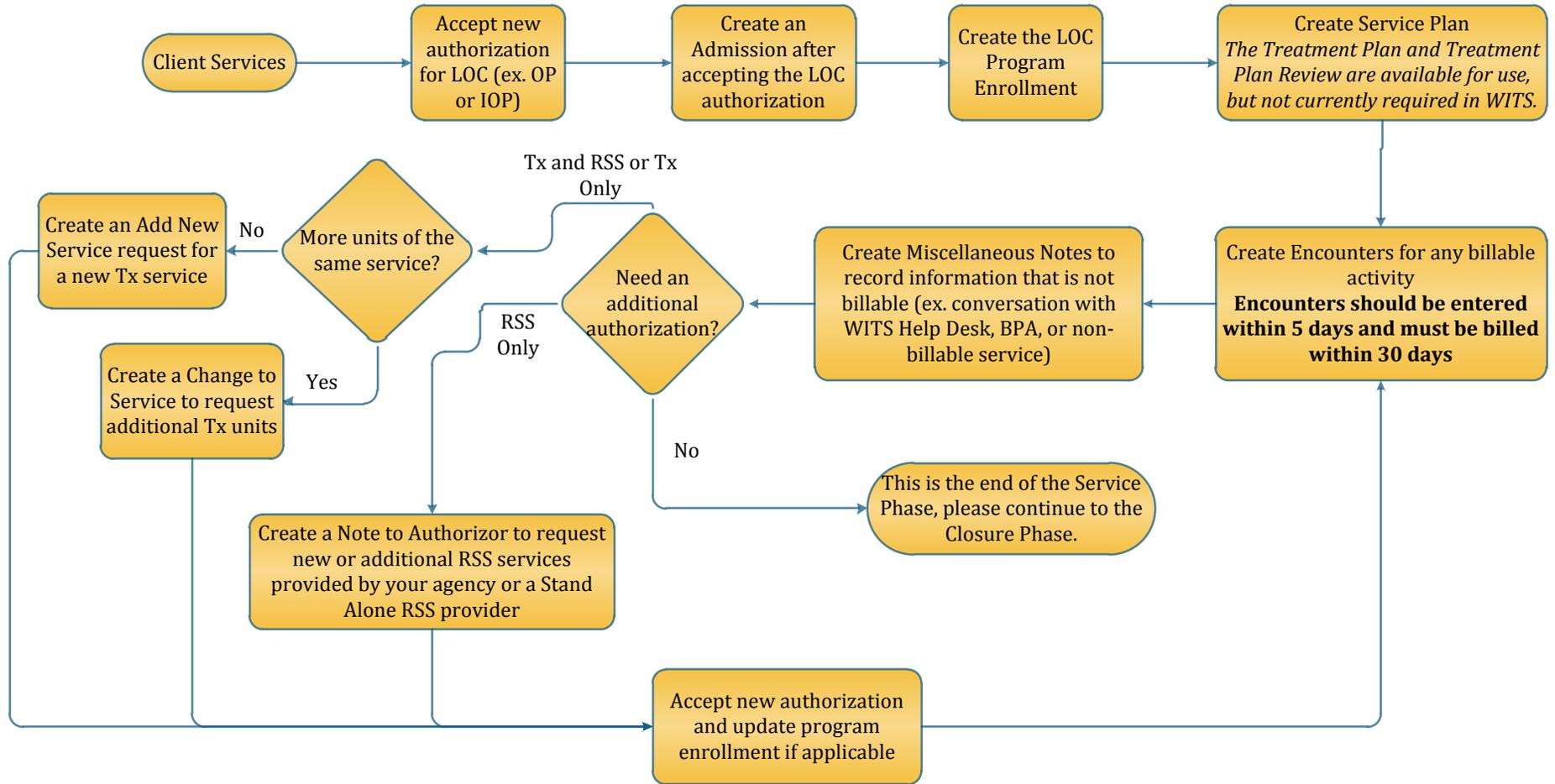


Description:

1. If the client was referred for a GAIN-I Assessment, the program enrollment should have been created automatically. If the program was not created, [create an Assessment Only program enrollment](#).
2. Conduct the GAIN-I Assessment and download the GAIN-I Summary (GRRS) into WITS.
3. Create a [Consent](#) to DHW Contractor for the GAIN-I Summary and other pertinent information.
4. [Create encounter\(s\)](#) (billable notes) for the assessment.
5. Create a Note to Authorizer to request the client be [transferred to a Treatment Level of Care \(LOC\)](#) or to notify DHW Contractor [the client is leaving your agency](#).
6. [End the Assessment Only program enrollment](#).



Department of Health and Welfare Client Services Phase



Description:

1. If the client was originally referred for an assessment and is moving to a Treatment LOC, the provider will need to accept the authorization and create the [Admission](#), then [create the LOC program enrollment](#). If the client was referred to a Treatment LOC, the LOC Program Enrollment will be created automatically and the provider will only need to create the Admission.

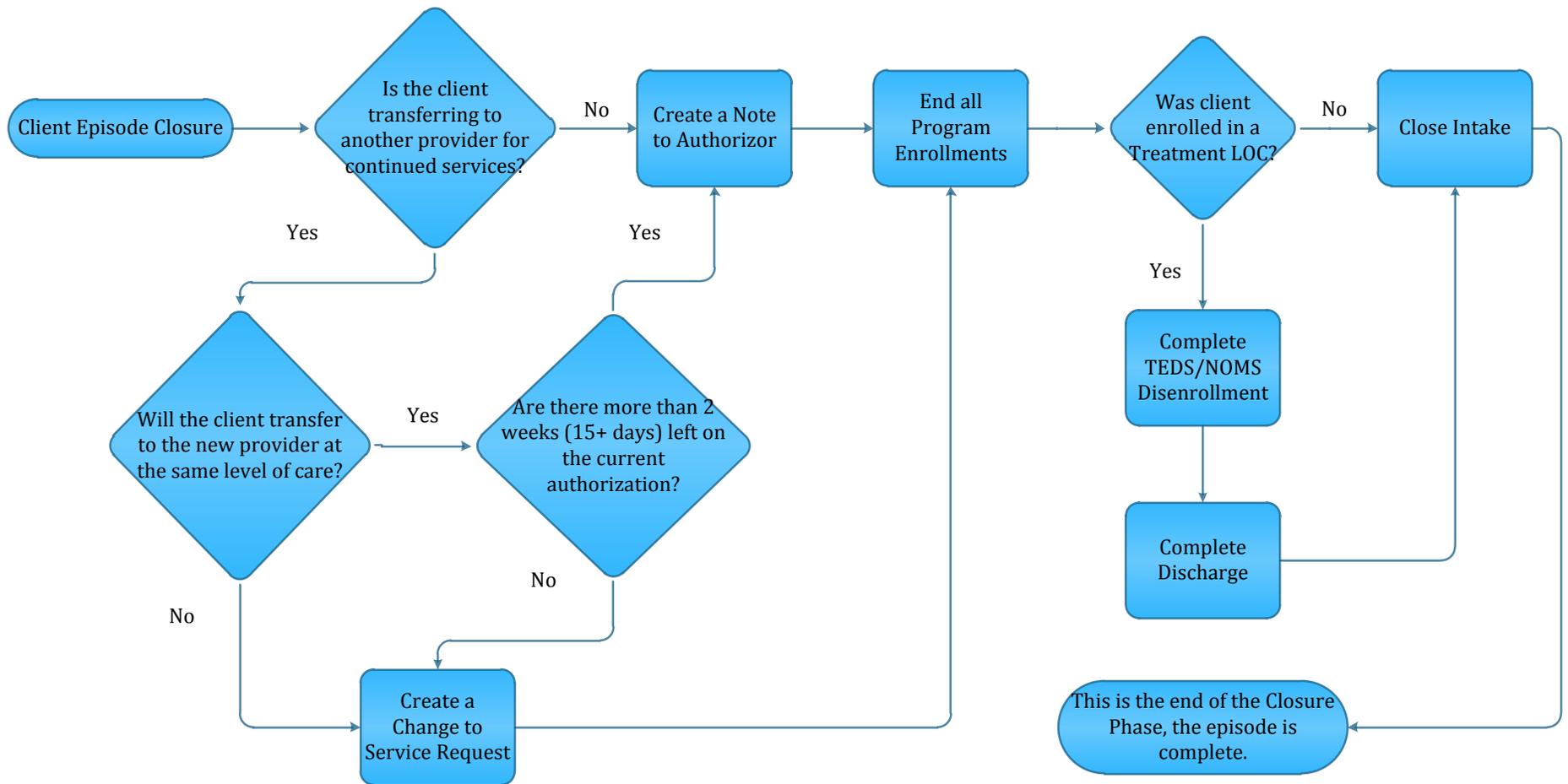


2. [Create a Service Plan](#). The [Treatment Plan](#) and [Treatment Plan Review](#) are available for use, but are not currently required in WITS.
3. [Create encounters](#) for billable services. Providers can check the authorization to see which services are billable. It is recommended encounters are entered within 5 days, but if they are not [billed](#) within 30 days, the claims will be denied.
4. [Create Miscellaneous Notes](#) to record information in WITS that is non-billable. This may be used to track things such as conversations with BPA or the WITS Help Desk as well as record any non-billable service.
5. When the client requires updates, changes, or additional services providers will need to create an [Authorization Change Request\(ACR\)](#). Depending on the need, providers will create an ACR type of [Add New Service](#) request, [Change to Service](#) request, or a [Note to Authorizer](#). Providers will need to check the authorization to see if the request was approved or denied with a request for additional information. Once the authorization is approved, providers will accept the authorization, update the program enrollment if necessary, and continue to bill for services.





Department of Health and Welfare Episode Closure Phase

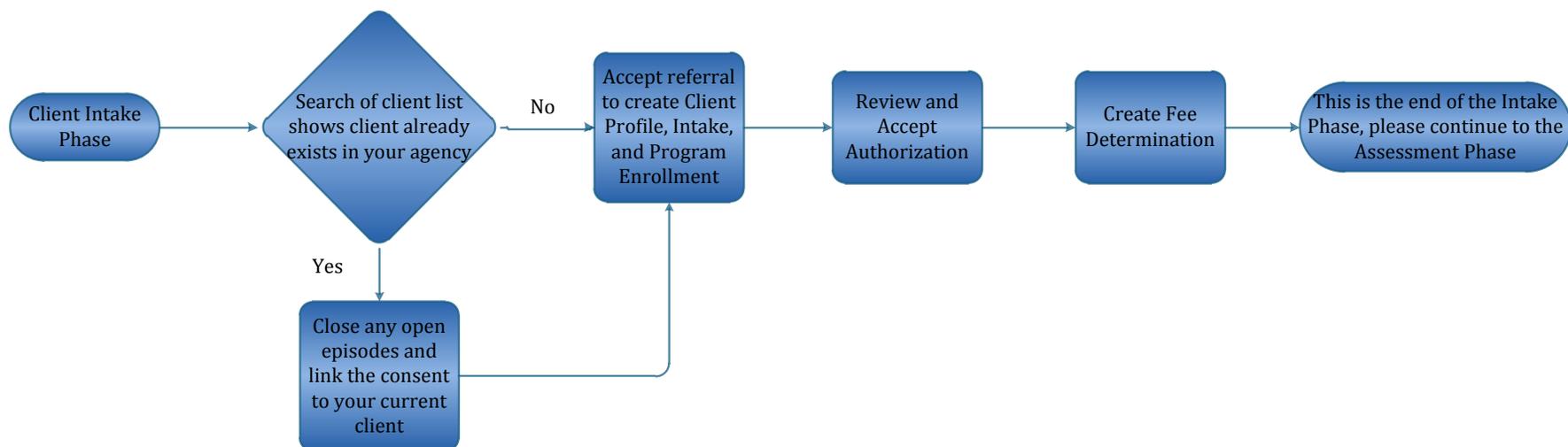


Description:

- 6. [Create an Authorization Change Request\(ACR\)](#) to notify DHW Contractor the client is no longer receiving services at your agency. Depending on the clients LOC, destination, and time left on the authorization, the provider will need to create an ACR type of [Note to Authorizer](#) or [Change to Service](#).
- 7. The provider must [end all Program Enrollments](#). If the client was enrolled in a Treatment LOC, the provider will also need to complete the TEDS/NOMS Disenrollment and the [Discharge](#). If the client was not enrolled in a Treatment LOC, close the Intake after ending the Program Enrollment.



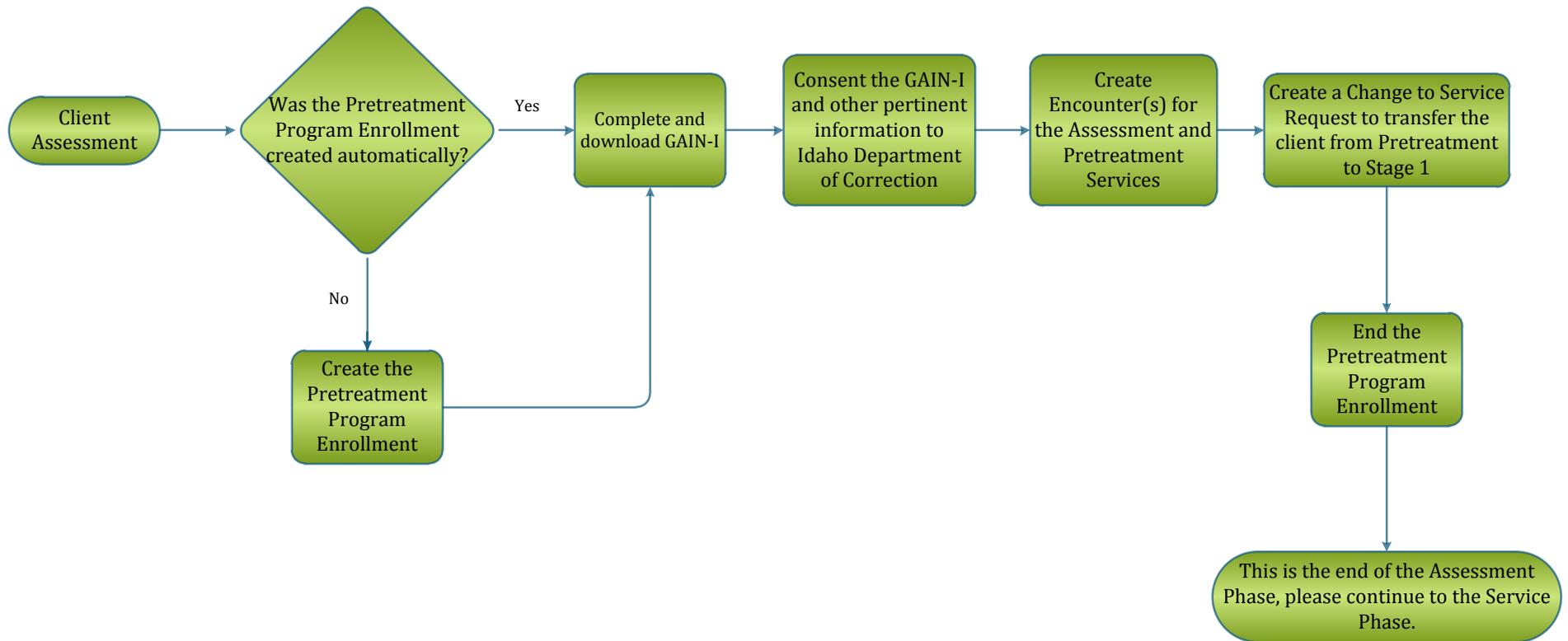
Department of Correction Client Intake Phase



Description:

1. Idaho Department of Correction will refer clients through WITS. The provider can contact the client by viewing the contact information that was consented to them in WITS.
2. When the client comes to the first appointment, the provider searches WITS to see if the client has a profile in their agency. If there is a profile from a previous episode, [link](#) the clients consent from an outside agency to the client in the provider agency. [Close any open episodes](#), then [accept the referral](#). If the client is not in WITS, the provider will only need to [accept the referral](#).
3. Accepting the referral will create a Client Profile, Intake, and Program Enrollment. Once this is created, the provider can [review and accept the authorization](#).
4. The provider should create the [Fee Determination](#). This needs to be updated annually or upon change.

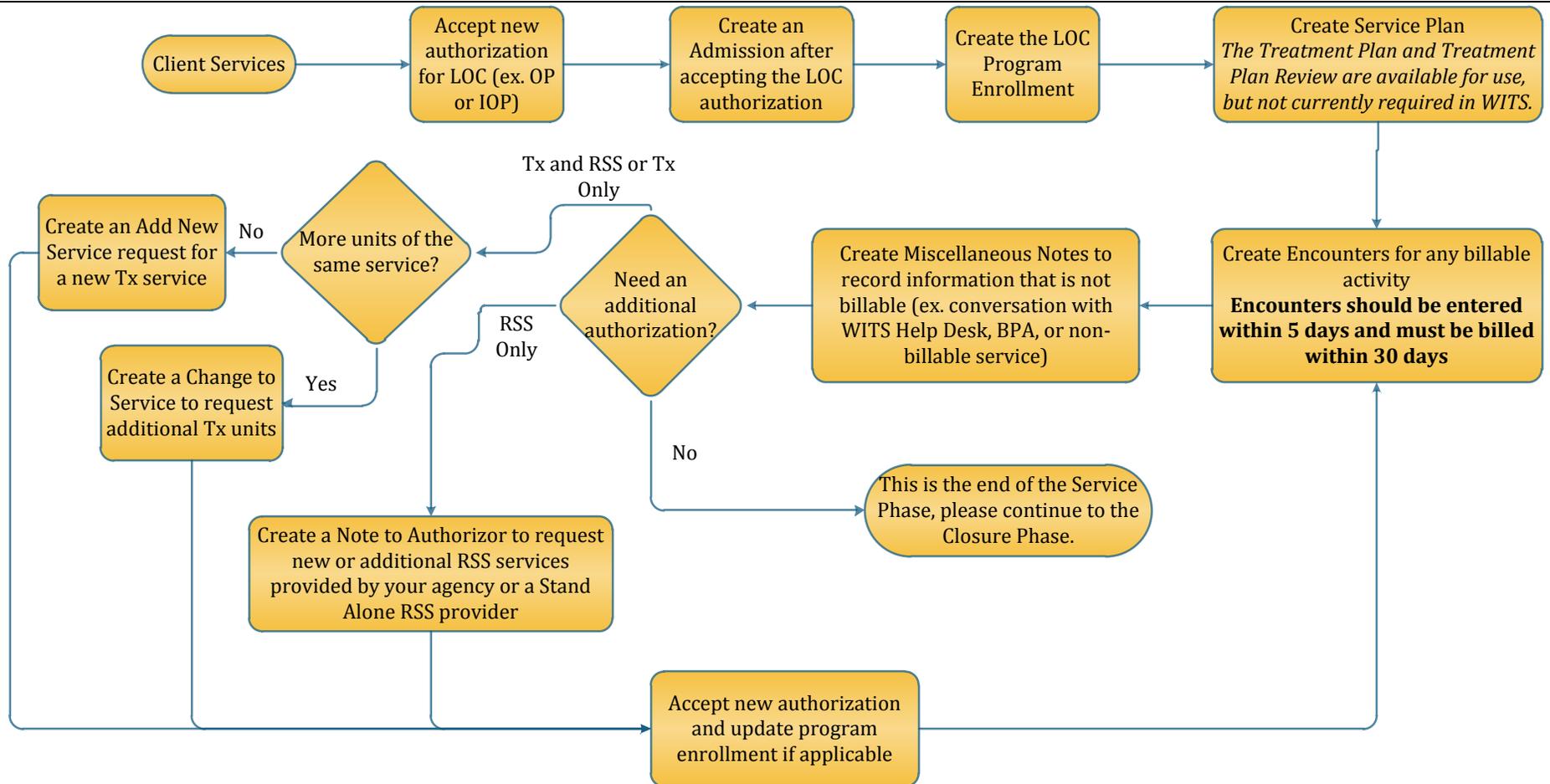
Department of Correction Client Assessment Phase



Description:

1. If the client was referred for Pretreatment, the program enrollment should have been created automatically. If the program was not created, [create a Pretreatment program enrollment](#).
2. Conduct the GAIN-I Assessment and download the GAIN-I Summary (GRRS) into WITS.
3. Create a [Consent](#) to Idaho Department of Correction for the GAIN-I Summary and other pertinent information.
4. [Create encounter\(s\)](#) (billable notes) for the assessment and pretreatment services.
5. [Create a Change to Service request](#) to transfer the client to Stage 1 or a [Note to Authorizer if the client is leaving your agency](#).
6. [End the Pretreatment program enrollment](#).

Department of Correction Client Services Phase



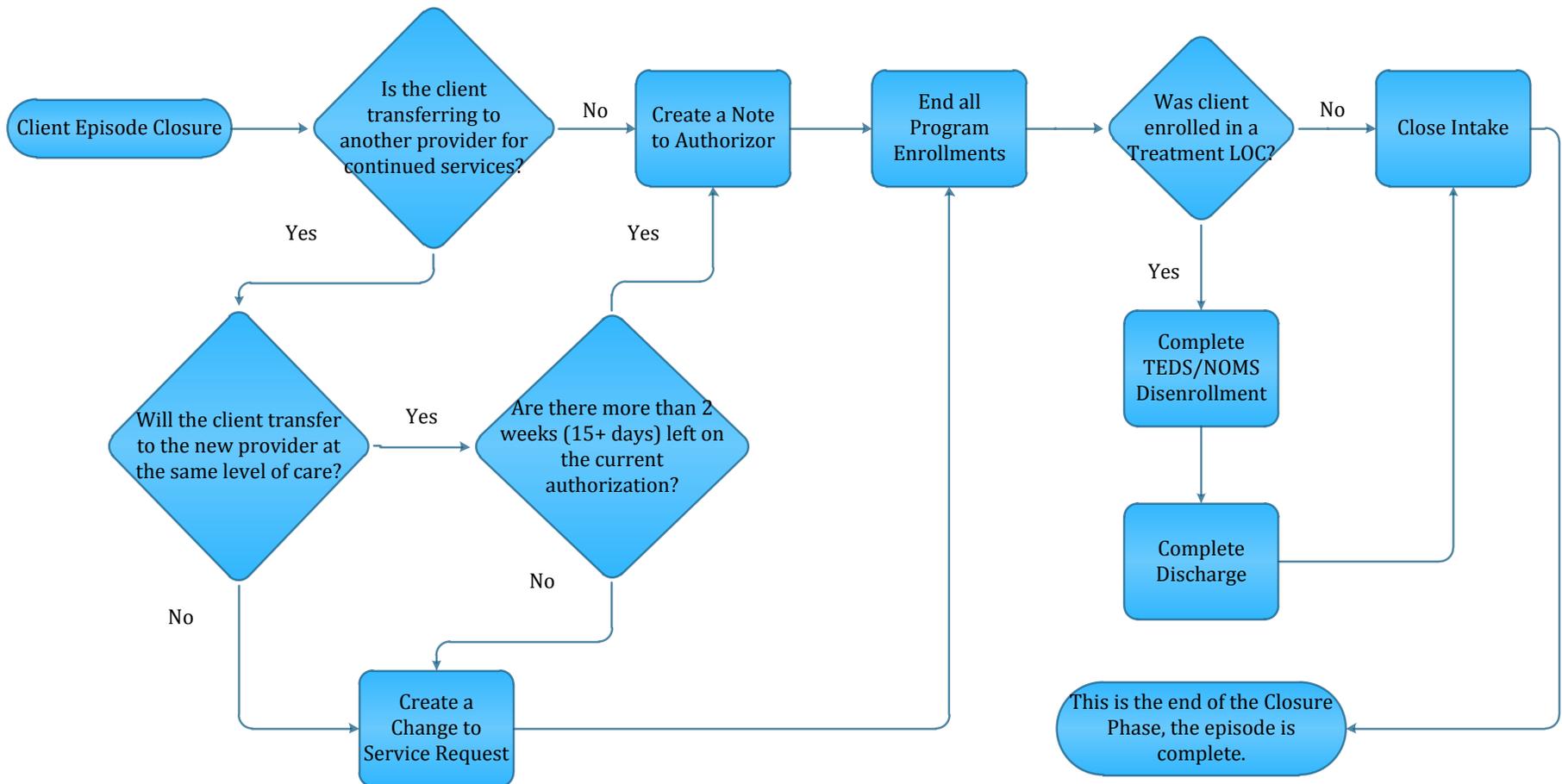
Description:

1. If the client was originally referred for Pretreatment and is moving to a Treatment LOC, the provider will need to accept the authorization and create the [Admission](#), then [create the LOC program enrollment](#). If the client was referred to a Treatment LOC, the LOC Program Enrollment will be created automatically and the provider will only need to create the Admission.
2. [Create a Service Plan](#). The [Treatment Plan](#) and [Treatment Plan Review](#) are available for use, but are not currently required in WITS.
3. [Create encounters](#) for billable services. Providers can check the authorization to see which services are billable. It is recommended encounters are entered within 5 days, but if they are not [billed](#) within 30 days, the claims will be denied.

4. [Create Miscellaneous Notes](#) to record information in WITS that is non-billable. This may be used to track things such as conversations with BPA or the WITS Help Desk as well as record any non-billable service.
5. When the client requires updates, changes, or additional services providers will need to create an [Authorization Change Request](#). Depending on the need, providers will create an ACR type of [Add New Service](#) request, [Change to Service](#) request, or a [Note to Authorizer](#). Providers will need to check the authorization to see if the request was approved or denied with a request for additional information. Once the authorization is approved, providers will accept the authorization, update the program enrollment if necessary, and continue to bill for services.



Department of Correction Episode Closure Phase

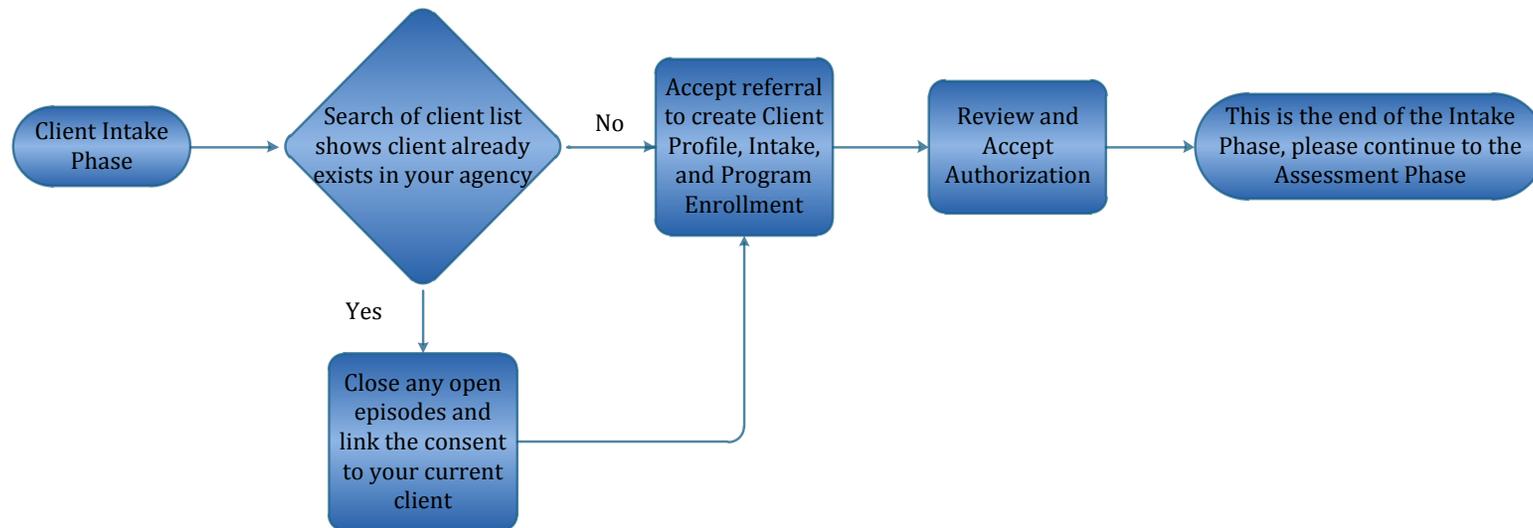


Description:

1. [Create an Authorization Change Request](#) to notify the Department of Correction the client is no longer receiving services at your agency. Depending on the clients LOC, destination, and time left on the authorization, the provider will need to create an ACR type of [Note to Authorizer](#) or [Change to Service](#).
2. The provider must [end all Program Enrollments](#). If the client was enrolled in a Treatment LOC, the provider will also need to complete the TEDS/NOMS Disenrollment and the [Discharge](#). If the client was not enrolled in a Treatment LOC, close the Intake after ending the Program Enrollment.



Department of Juvenile Corrections Client Intake Phase

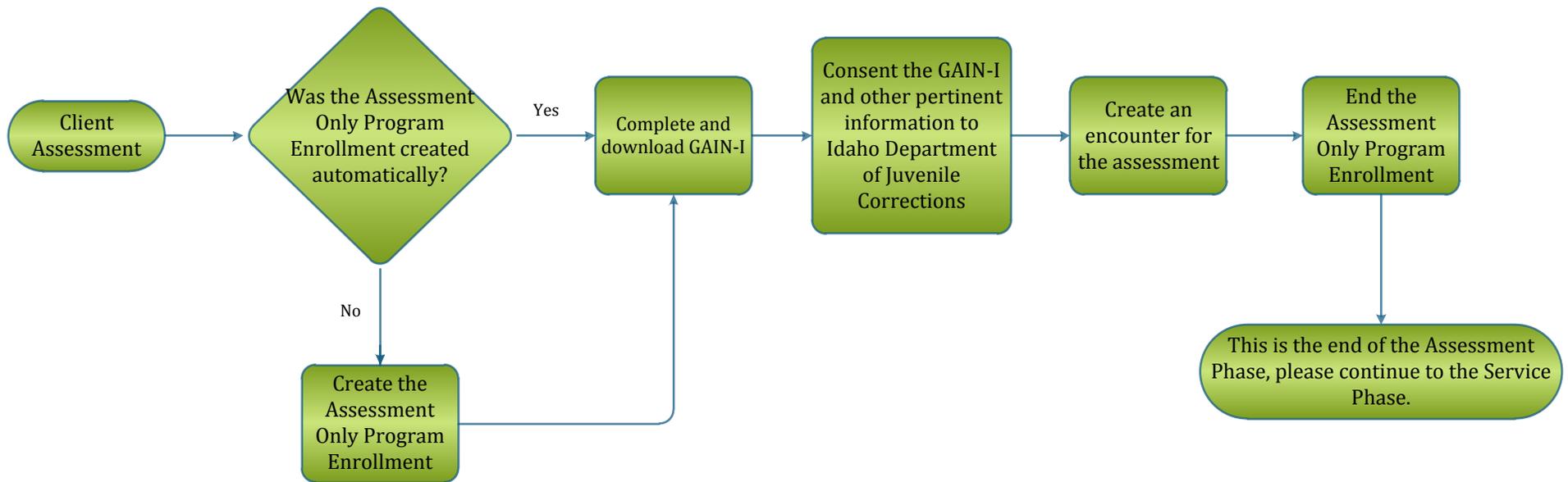


Description:

1. The provider can contact the client by viewing the contact information that was consented to them in WITS.
2. When the client comes to the first appointment, the provider searches WITS to see if the client has a profile in their agency. If there is a profile from a previous episode, [link](#) the clients consent from an outside agency to the client in the provider agency. [Close any open episodes](#), then [accept the referral](#). If the client is not in WITS, the provider will only need to [accept the referral](#).
3. Accepting the referral will create a Client Profile, Intake, and Program Enrollment. Once this is created, the provider can [review and accept the authorization](#).



Department of Juvenile Corrections Client Assessment Phase

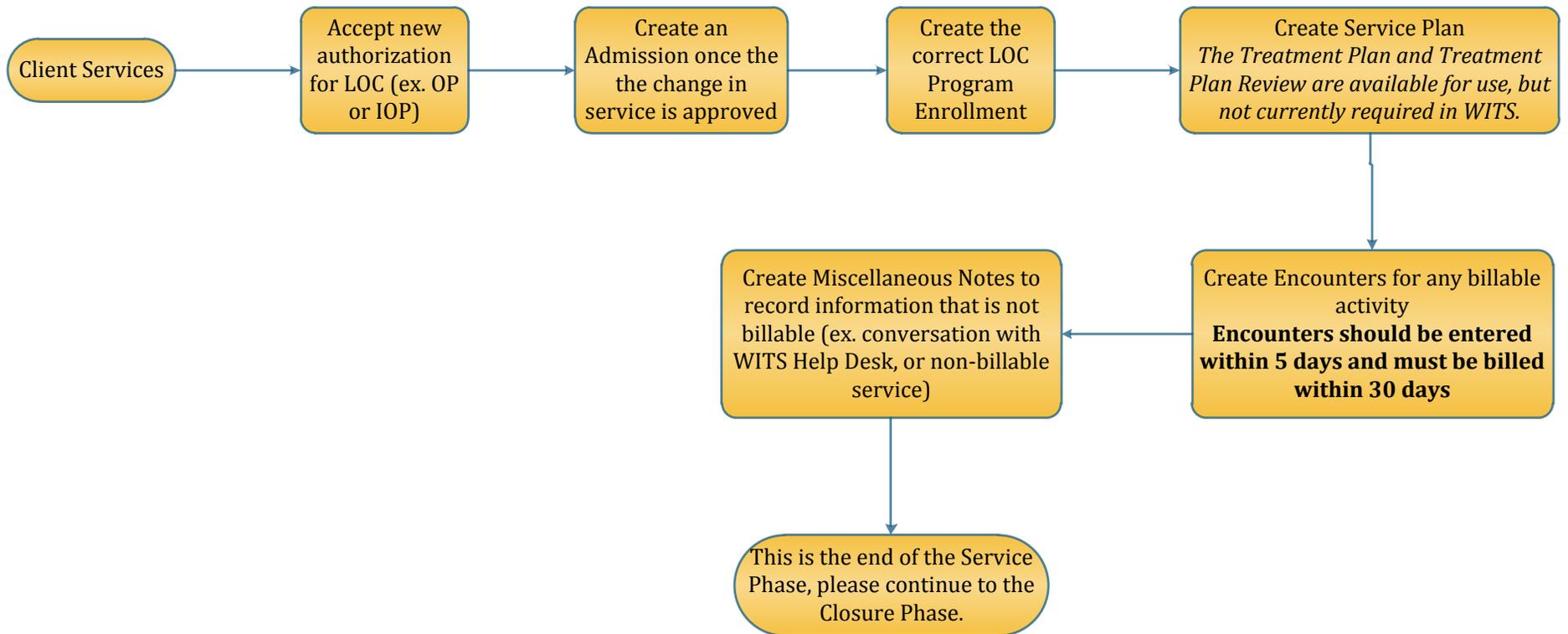


Description:

1. If the client was referred for a GAIN-I Assessment, the program enrollment should have been created automatically. If the program was not created, [create an Assessment Only program enrollment](#).
2. Conduct the GAIN-I Assessment and download the GAIN-I Summary (GRRS) into WITS.
3. Create a [Consent](#) to Idaho Department of Juvenile Corrections for the GAIN-I Summary and other pertinent information.
4. [Create encounter\(s\)](#) (billable notes) for the assessment.
5. [End the Assessment Only program enrollment](#).



Department of Juvenile Corrections Client Services Phase

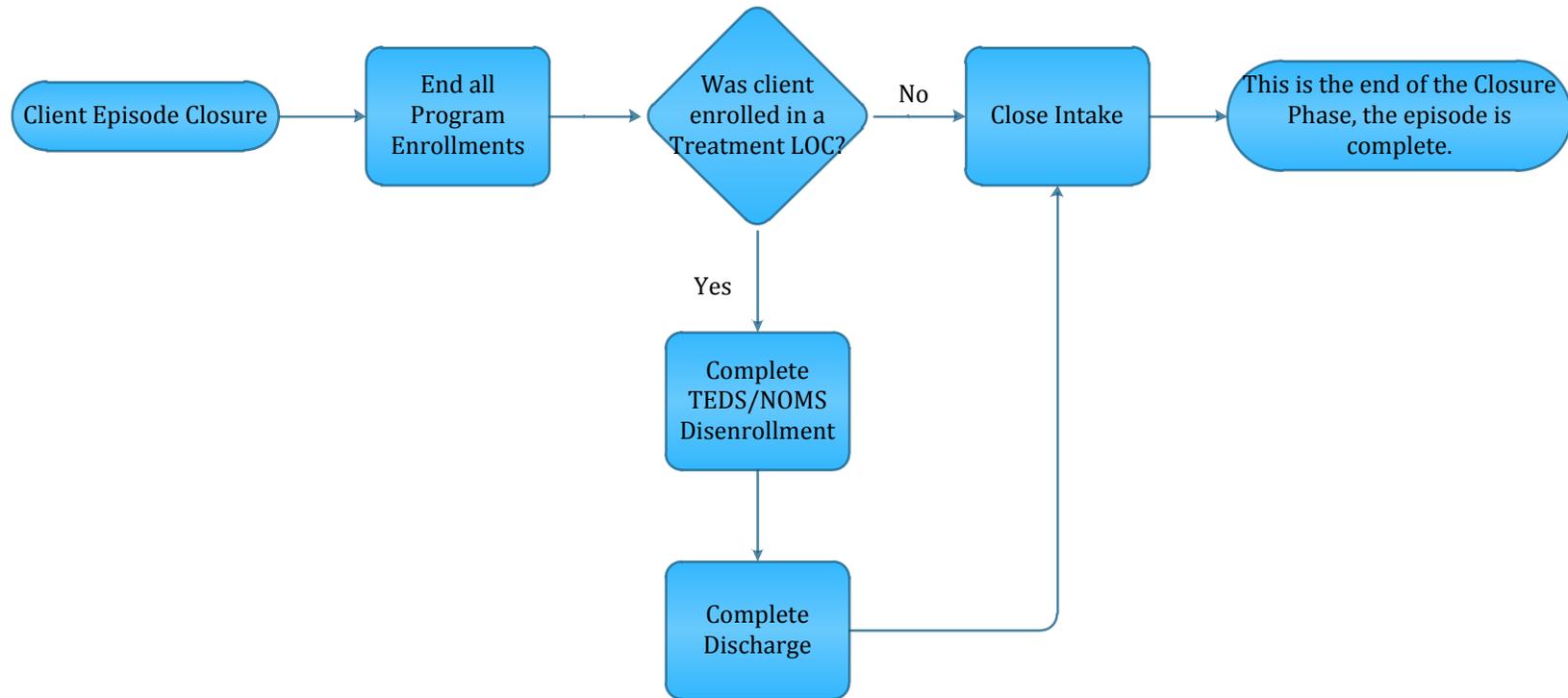


Description:

1. If the client was originally referred in for an assessment and is moving to a Treatment LOC, the provider will need to accept the authorization and create the [Admission](#), then [create the LOC program enrollment](#). If the client was referred in to a Treatment LOC, the LOC Program Enrollment will be created automatically and the provider will only need to create the Admission.
2. [Create a Service Plan](#). The [Treatment Plan](#) and [Treatment Plan Review](#) are available for use, but are not currently required in WITS.
3. [Create encounters](#) for billable services. Providers can check the authorization to see which services are billable. It is recommended encounters are entered within 5 days, but if they are not [billed](#) within 30 days, the claims will be denied.
4. [Create Miscellaneous Notes](#) to record information in WITS that is non-billable. This may be used to track things such as conversations with the WITS Help Desk as well as record any non-billable service.



Department of Juvenile Corrections Episode Closure Phase

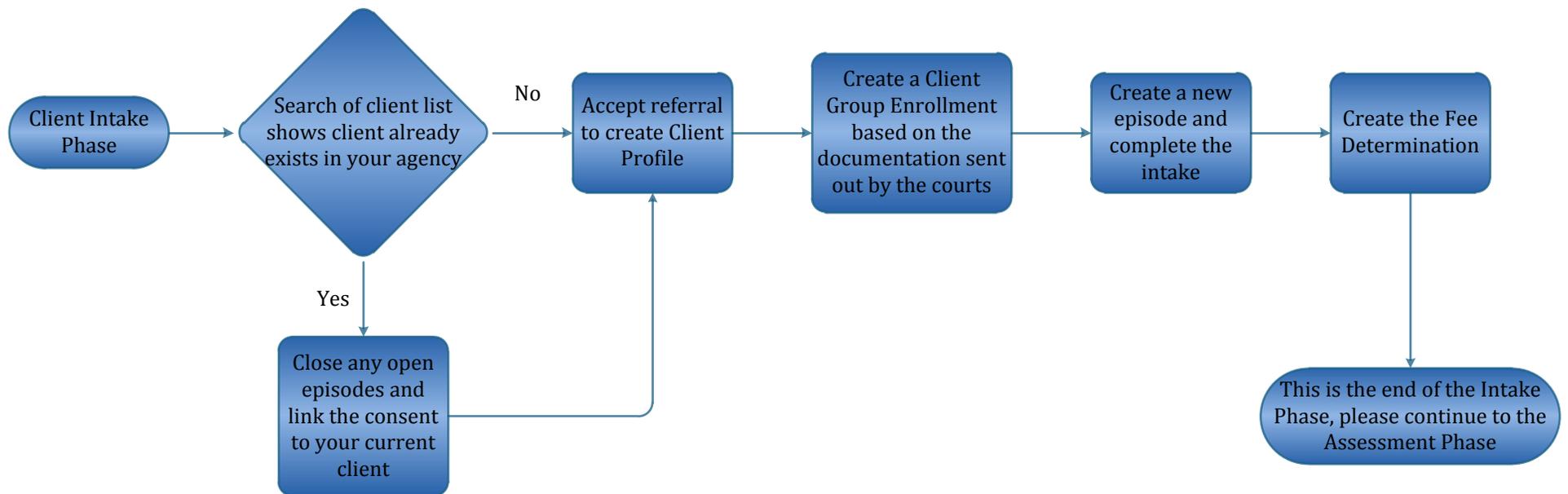


Description:

1. The provider must [end all Program Enrollments](#). If the client was enrolled in a Treatment LOC, the provider will also need to complete the TEDS/NOMS Disenrollment and the [Discharge](#). If the client was not enrolled in a Treatment LOC, close the Intake after ending the Program Enrollment.



Idaho Supreme Court Client Intake Phase



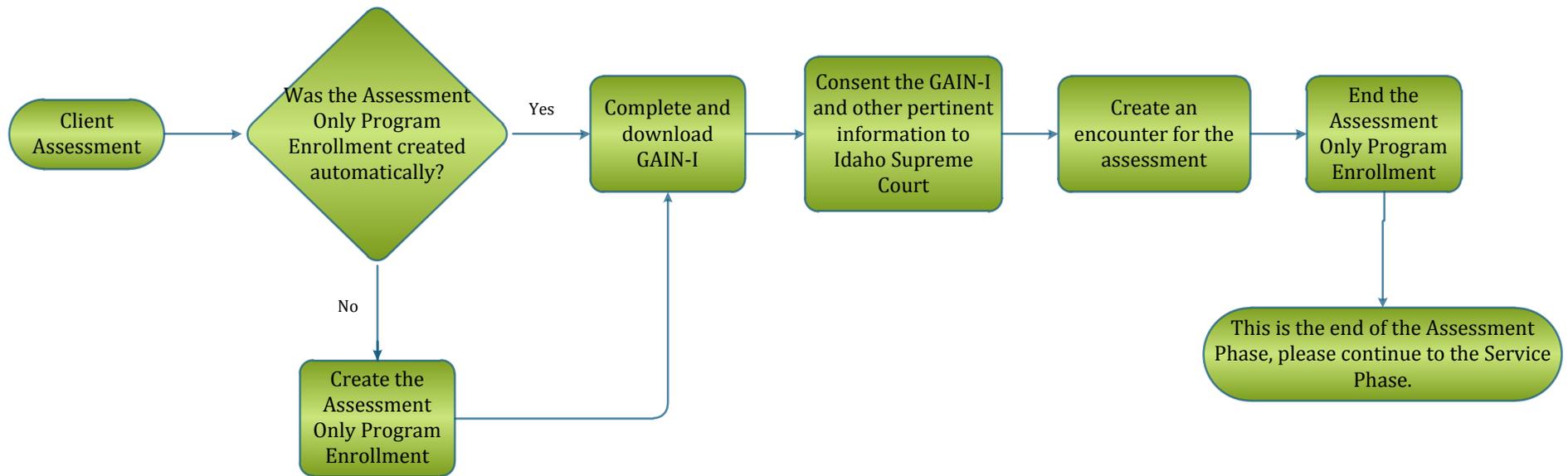
Description:

1. Court Coordinators will refer a client for services. The provider can contact the client by viewing the contact information that was consented to them in WITS.
2. When the client comes to the first appointment, the provider searches WITS to see if the client has a profile in their agency. If there is a profile from a previous episode, [link](#) the clients consent from an outside agency to the client in the provider agency. [Close any open episodes](#), then [accept the referral](#). If the client is not in WITS, the provider will only need to [accept the referral](#).
3. Accepting the referral will create a Client Profile. The provider will need to create the Intake and Program Enrollment. Once this is created, the provider can create the Client Group Enrollment based on the documentation provided by the courts.
4. The provider should create the [Fee Determination](#). This needs to be updated annually or upon change.





Idaho Supreme Court Client Assessment Phase

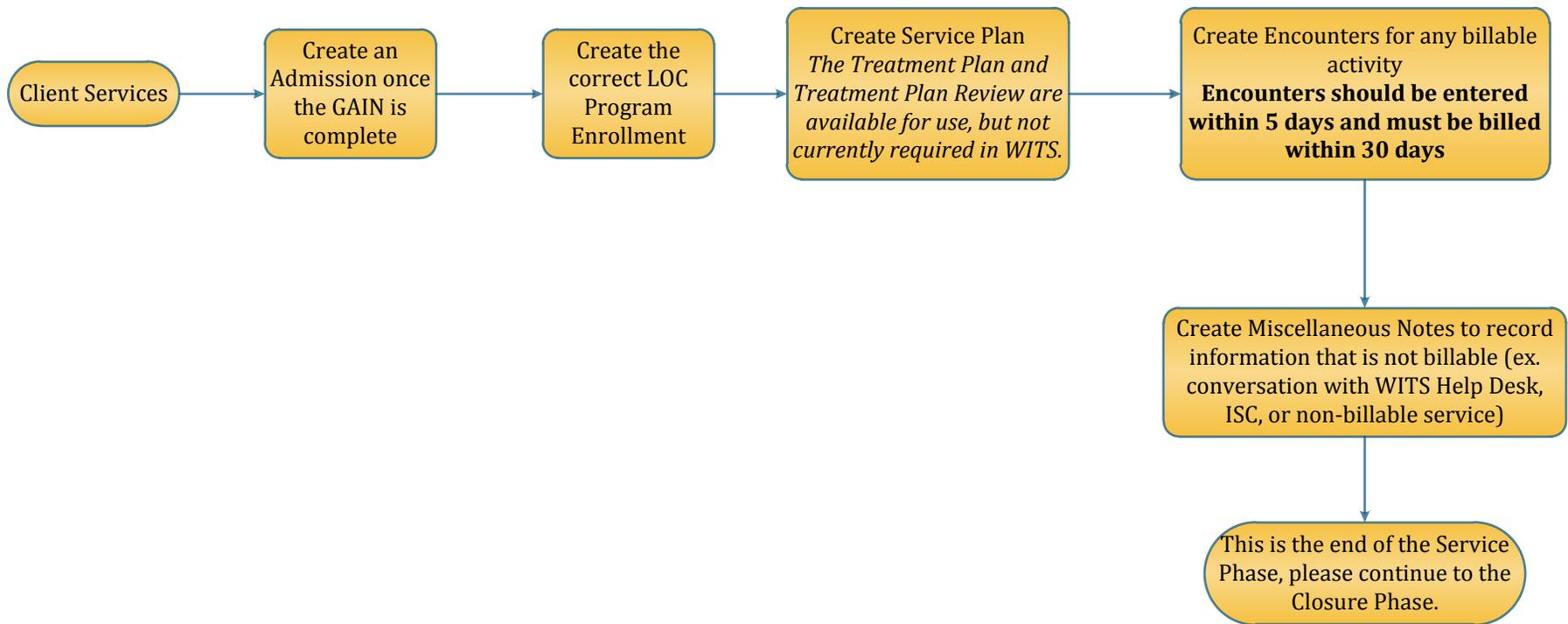


Description:

1. If the client was referred for a GAIN-I Assessment, the program enrollment should have been created automatically. If the program was not created, [create an Assessment Only program enrollment](#).
2. Conduct the GAIN-I Assessment and download the GAIN-I Summary (GRRS) into WITS.
3. Create a [Consent](#) to Idaho Supreme Court for the GAIN-I Summary and other pertinent information.
4. [Create encounter\(s\)](#) (billable notes) for the assessment.
5. Contact the Idaho Supreme Court to inform them if the client is leaving the agency.
6. [End the Assessment Only program enrollment](#).



Idaho Supreme Court Client Services Phase



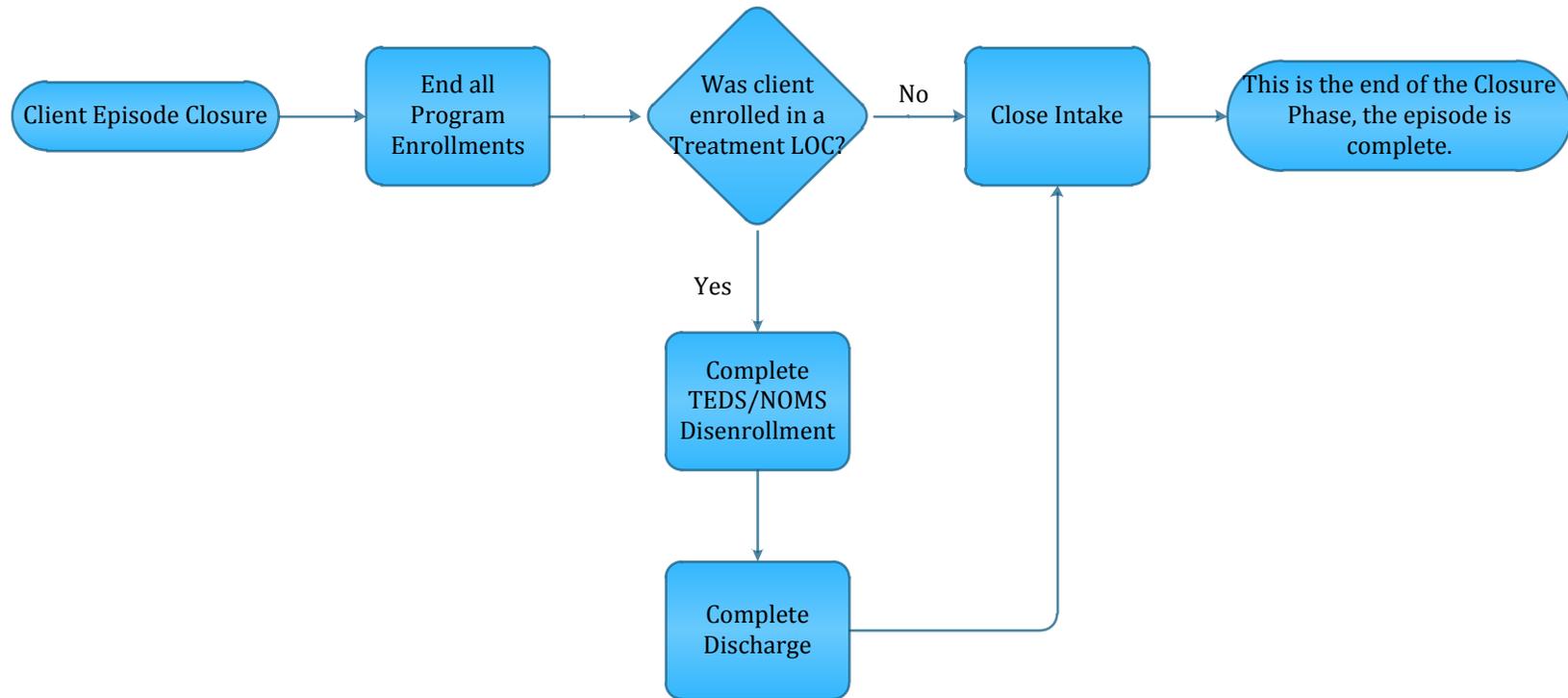
Description:

1. Create the [Admission](#), then [create the LOC program enrollment](#).
2. [Create a Service Plan](#). The [Treatment Plan](#) and [Treatment Plan Review](#) are available for use, but are not currently required in WITS.
3. [Create encounters](#) for billable services. Providers can check the authorization to see which services are billable. It is recommended encounters are entered within 5 days, but if they are not billed within 30 days, the claims will be denied.
4. [Create Miscellaneous Notes](#) to record information in WITS that is non-billable. This may be used to track things such as conversations with ISC or the WITS Help Desk as well as record any non-billable service.





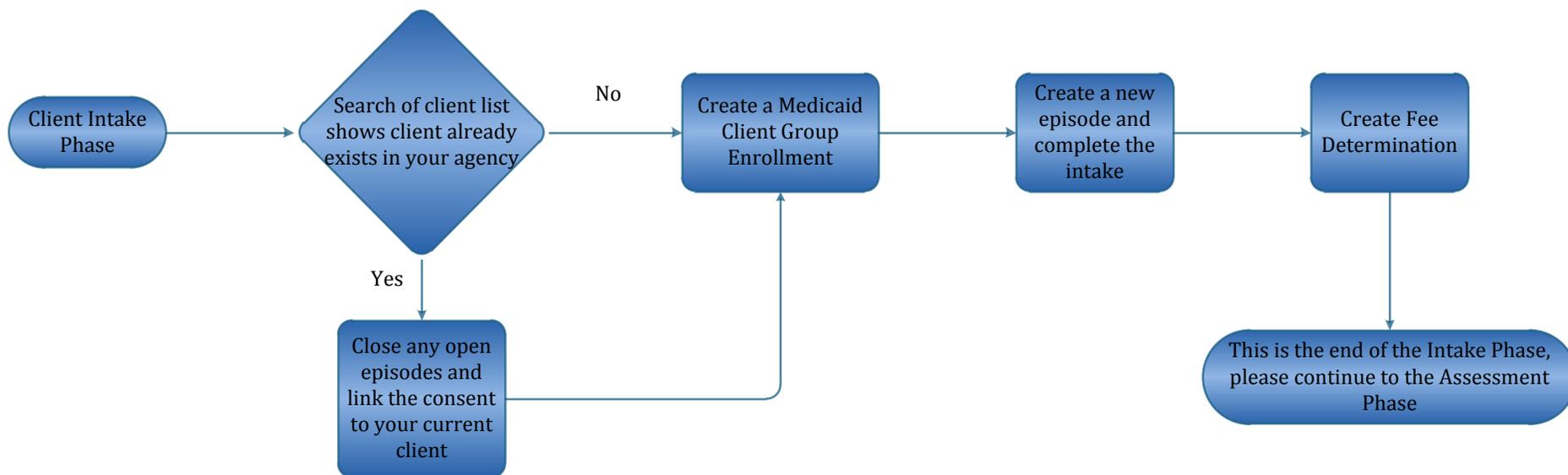
Idaho Supreme Court Episode Closure Phase



Description:

1. The provider must [end all Program Enrollments](#). If the client was enrolled in a Treatment LOC, the provider will also need to complete the TEDS/NOMS Disenrollment and the [Discharge](#). If the client was not enrolled in a Treatment LOC, close the Intake after ending the Program Enrollment.

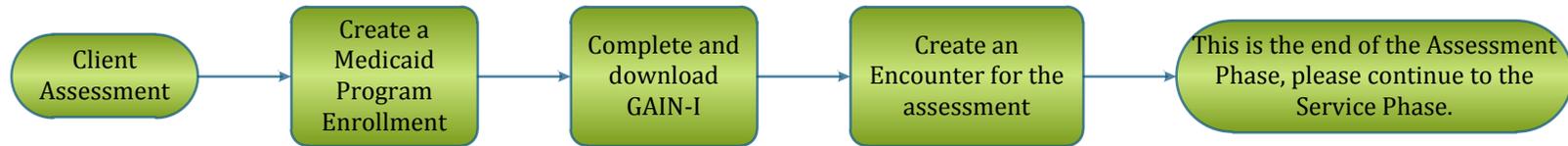
Medicaid/Optum Client Intake Phase – *Not required in WITS*



Description:

1. When the client comes to the first appointment, the provider searches WITS to see if the client has a profile in their agency. If there is a profile from a previous episode, [close any open episodes](#). [Link](#) the clients consent from an outside agency to the client in the provider agency if there are any. If the client is not in WITS, [Add Client](#) to create a new profile.
2. [Create a Medicaid Client Group Enrollment](#).
3. [Create a new episode](#).
4. [Create the Fee Determination](#). This should to be updated annually or upon change.

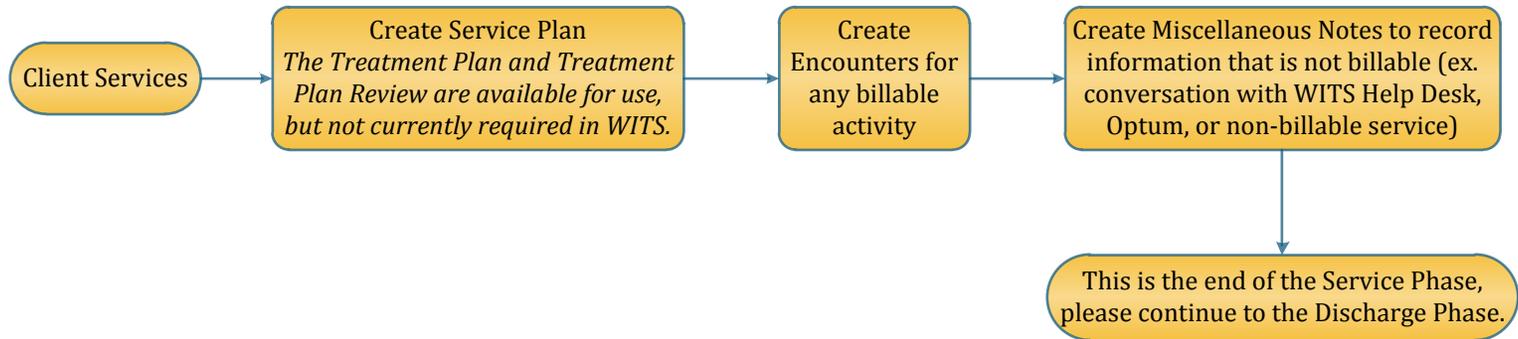
Medicaid/Optum Client Assessment Phase – *Not required in WITS*



Description:

1. [Create a Medicaid program enrollment.](#)
2. Conduct the GAIN-I Assessment and download the GAIN-I Summary (GRRS) into WITS.
3. [Create encounter\(s\)](#) (billable notes) for the assessment.

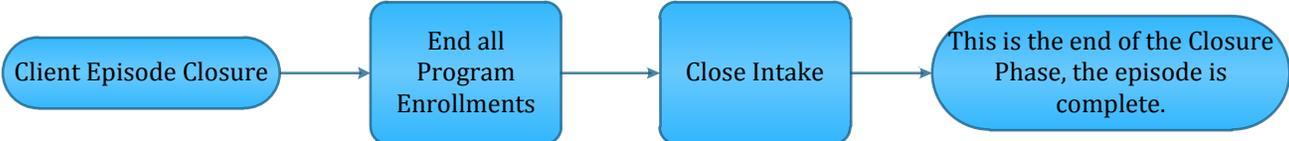
Medicaid/Optum Client Services Phase – *Not required in WITS*



Description:

1. [Create a Service Plan](#). The [Treatment Plan](#) and [Treatment Plan Review](#) are available for use, but are not currently required in WITS.
2. [Create encounters](#) for billable services.
3. [Create Miscellaneous Notes](#) to record information in WITS that is non-billable. This may be used to track things such as conversations with Optum or the WITS Help Desk as well as record any non-billable service.

Medicaid/Optum Episode Closure Phase - *Not required in WITS*

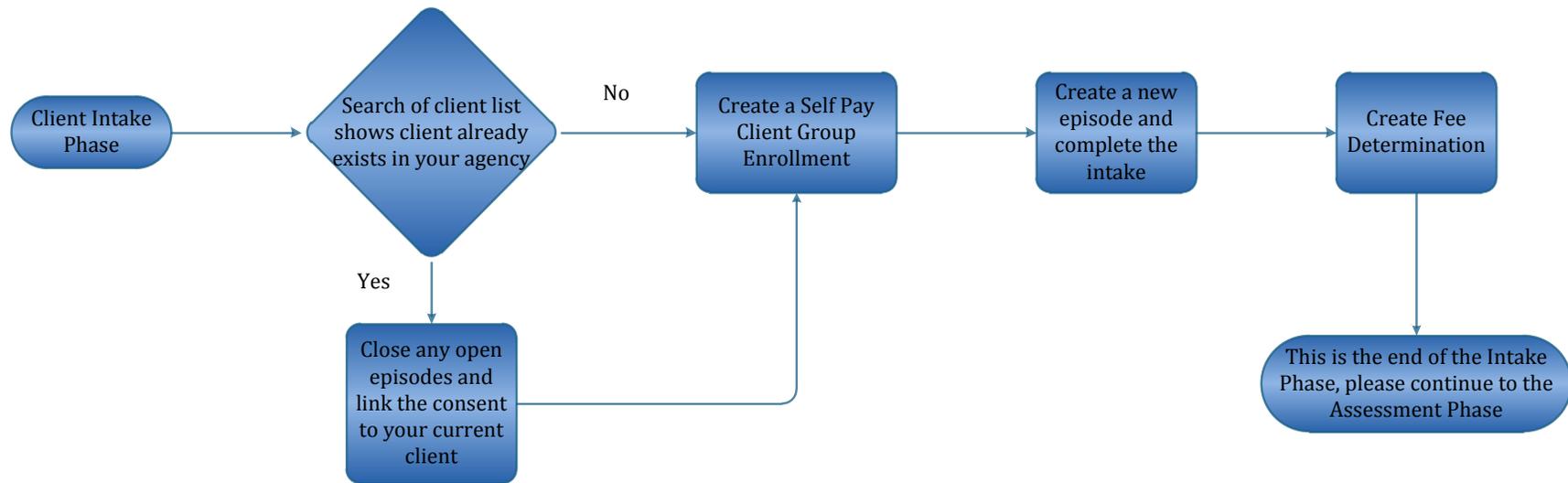


Description:

- 1. The provider must [end all Program Enrollments](#) and close the Intake.



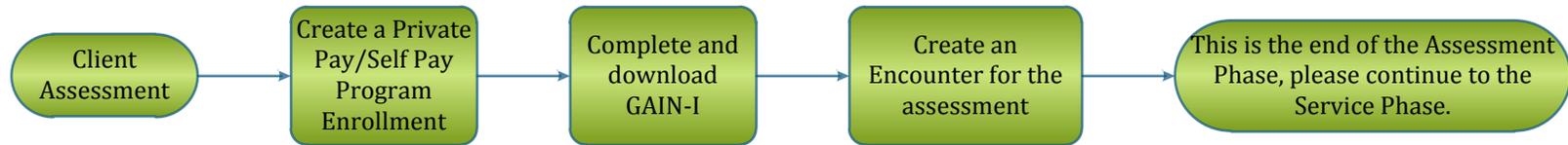
Private Pay/Self Pay Client Intake Phase – *Not required in WITS*



Description:

1. When the client comes to the first appointment, the provider searches WITS to see if the client has a profile in their agency. If there is a profile from a previous episode, [close any open episodes](#). [Link](#) the clients consent from an outside agency to the client in the provider agency if there are any. If the client is not in WITS, [Add Client](#) to create a new profile.
2. Create a Self Pay Client Group Enrollment.
3. [Create a new episode](#).
4. [Create the Fee Determination](#). This should to be updated annually or upon change.

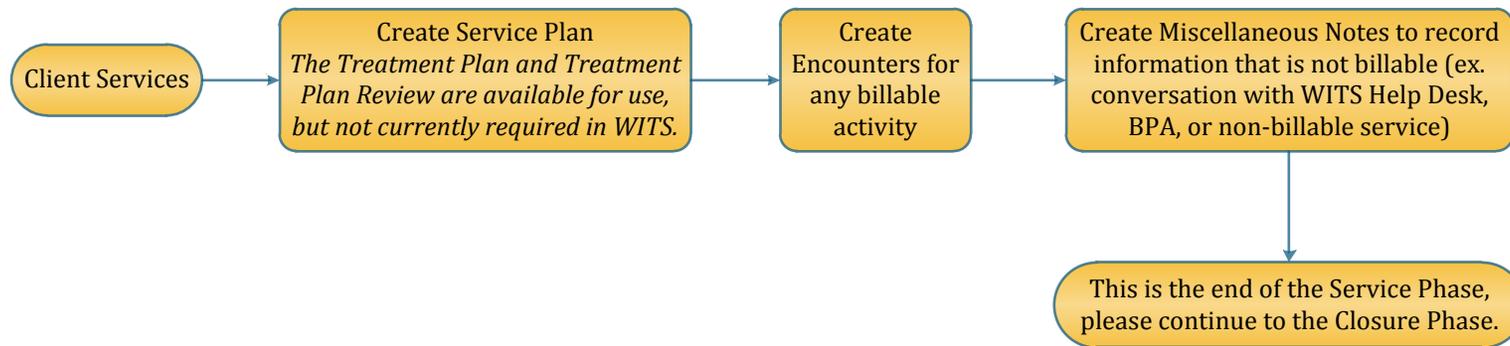
Private Pay/Self Pay Client Assessment Phase – *Not required in WITS*



Description:

1. Create a Private Pay/Self Pay program enrollment.
2. Conduct the GAIN-I Assessment and download the GAIN-I Summary (GRRS) into WITS.
3. [Create encounter\(s\)](#) (billable notes) for the assessment.

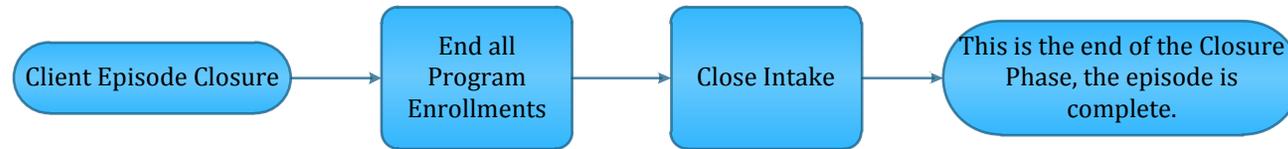
Private Pay/Self Pay Client Services Phase – *Not required in WITS*



Description:

1. [Create a Service Plan](#). The [Treatment Plan](#) and [Treatment Plan Review](#) are available for use, but are not currently required in WITS.
2. [Create encounters](#) for billable services.
3. [Create Miscellaneous Notes](#) to record information in WITS that is non-billable. This may be used to track things such as conversations with BPA or the WITS Help Desk as well as record any non-billable service.

Private Pay/Self Pay Episode Closure Phase – *Not required in WITS*



Description:

1. The provider must [end all Program Enrollments](#) and close the Intake.