

The following document is the key to filling out HI- WITS based on the Standardized Intake Form

as always Please Contact the HI-WITS helpdesk if need help with WITS;

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Fax Information to:
Attention:

INTAKE FORM

CONFIDENTIAL

Date: _____

1 Name: _____
(First, Middle Initial, Last)

2 Current Address: _____

3 City/Island: _____ / _____ Zip Code: **4** _____ Phone No.: **5** _____

Presenting Problem(s): **6** _____

Other Reference No. (A#, Adolescent Judiciary #, etc.): **7** _____ Citizenship: **8** _____

Date of Birth: **9** _____ Birth Place: **10** _____

Biological Gender: **11** _____ Gender Identity: **12** _____

Race: **13** _____ Ethnicity: **14** _____

Initial Contact: **15** _____

Source of Referral: **16** _____

Do you consent for (AGENCY NAME: _____) to contact the Source of Referral? Yes No

Referral Contact Name: **17** _____ Phone No: **17** _____

Personal Contact Name: **18** _____ Phone No: **18** _____

Emergency Contact Name: **19** _____ Phone No: **19** _____

(By entering contact information, you are consenting that we contact this person in case of emergency)

Health Insurance: **20** _____ Membership #: **21** _____

Employment Status: **22** _____ Veteran: Yes No **22a**

Current living arrangements (check one of the following): **6**

Houseless Living in other's homes Living in my home Jail / Incarcerated

Marital status (check one): **6** Never Married Divorced Now Married

Widowed Separated Living together

Number of children living with you: **23** ___ Ages: _____ Pregnant: Yes No **23a**

Describe Current Legal Status: **24** _____

1. Have you been in a controlled environment in the past 30 days? **25** Yes No
 Jail Alcohol/drug treatment Medical treatment Psychiatric treatment
 Other: _____
2. Do you need transportation assistance? Yes No **6**
3. Do you consume tobacco products? Yes No **6**
4. In the last 30 days have you misused alcohol or other drugs? Yes No **6**
5. Are you an Injection Drug User? Yes No **26**
6. Have you ever felt you should cut down on your drinking or drug use? Yes No **Cage-Aid**
7. Have people annoyed you by criticizing your drinking or drug use? Yes No **Cage-Aid**
8. Have you ever felt bad or guilty about your drinking or drug use? Yes No **Cage-Aid**
9. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)? Yes No **Cage-Aid**
10. Current medical problems: **6** Yes No PCP Doctor's Name: **27** _____
11. List medications currently using (over the counter and prescribed): **28** _____
12. Do you have any current medical or psychiatric concerns? Yes No
6 _____
13. Do you have any chronic health conditions? Yes No
6 _____
14. Do you have any mental health conditions? Yes No
6 _____
15. Do you have a history of causing physical harm to others? Yes No
If yes, current risk action: **6** _____
16. Do you have a history of causing physical harm to yourself? Yes No
If yes, current risk action: **6** _____
17. What services are you interested in? Counseling Sober Living Outpatient
 Residential Other **29** _____

The following document is the Work Flow to filling out HI-WITS based on the Standardized Intake Form

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HI-WITS Training: Standardized Intake Form

Situation: The Standardized Intake Form is being Developed to Streamline Intake Process. Here we will provide a general direction of where you will transcribe all the fields from the Standardized Intake form into HI-WITS.

Note: *Not All Fields on Standardized Intake Form are on One Page in WITS*

1. After Login, Select Assessor Facility, Click Go then Click Client List.

HI-WITS Training 18.40.0 TEST PROVIDER, Main Office Generate Report

Client Profile

1 First Name
2 Middle Name
11 Last Name
9 DOB
14 Ethnicity/Hispanic Origin
13 Selected Races
13 Primary/Preferred Race
14 Detailed Ethnicities
14 Selected Detailed Ethnicities
14 Primary/Preferred Detailed Ethnicity
22a English Fluency
8 Preferred Language
8 Citizenship

Provider Client ID
Unique Client Number
State Client ID
Record Created By
Last Updated By
Created Date
Last Updated Date
Date of Death

Driver's License
Access Category
Has paper file Yes
Races: 01-Alaskan Native, 02-American Indian, 04-Black, 05-White, 13-Asian
Selected Races
Detailed Ethnicities
Selected Detailed Ethnicities
Religious Preference
Military Dependent
Veteran Status: 2-No
Citizenship: United States of America

Administrative Actions

Cancel Save Finish

ALWAYS SAVE

- Click on the Activity List under the Left Hand menu pick. Click Start New Episode, and Begin the Intake Process. **ALWAYS SAVE**

Intake Case Information

Intake Facility: Main Office
 Intake Staff: Afsharzadeh, Yoseb, BS
 Case #: [blank]
 Case Status: Open Active
 Initial Contact Date: [blank]
 Intake Date: 9/14/2016
 Source of Referral: 01-Individual (self)
 Pregnant at Admission: 2-No
 Due Date: [blank]

Referral Contact: [blank] (Add Collateral Contact)
 Employment Status: 01-Full-time, 35 hours/week or more
 Marital Status: 04-Divorced
 Living Arrangement: 041-Independent Living-Permanent Housing

Presenting Problem (In Client's Own Words): [blank]

Population: Adolescent, Child, Father with Child, Injection User
 Population Selected: Adult

Domains: [blank]
 Selected Domains: Treatment

Date Closed: [blank] Save & Close the Case

Actions: Delete Intake

Buttons: Cancel, Save, Finish

- Under the Client Profile Click on Contact Info under the Left Hand menu pick. Then Click on Add Address. Completing all requiring fields. **ALWAYS SAVE**

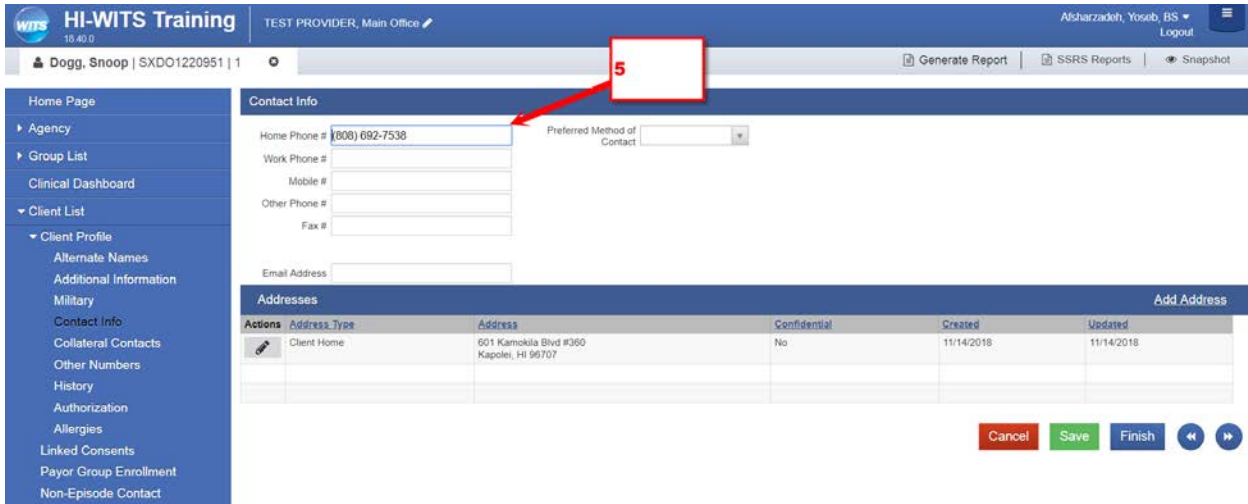
Address Information

Address Type: [blank]
 Address Line 1: [blank]
 Address Line 2: [blank]
 County: [blank]
 City: [blank]
 State: HI
 Zip: [blank]

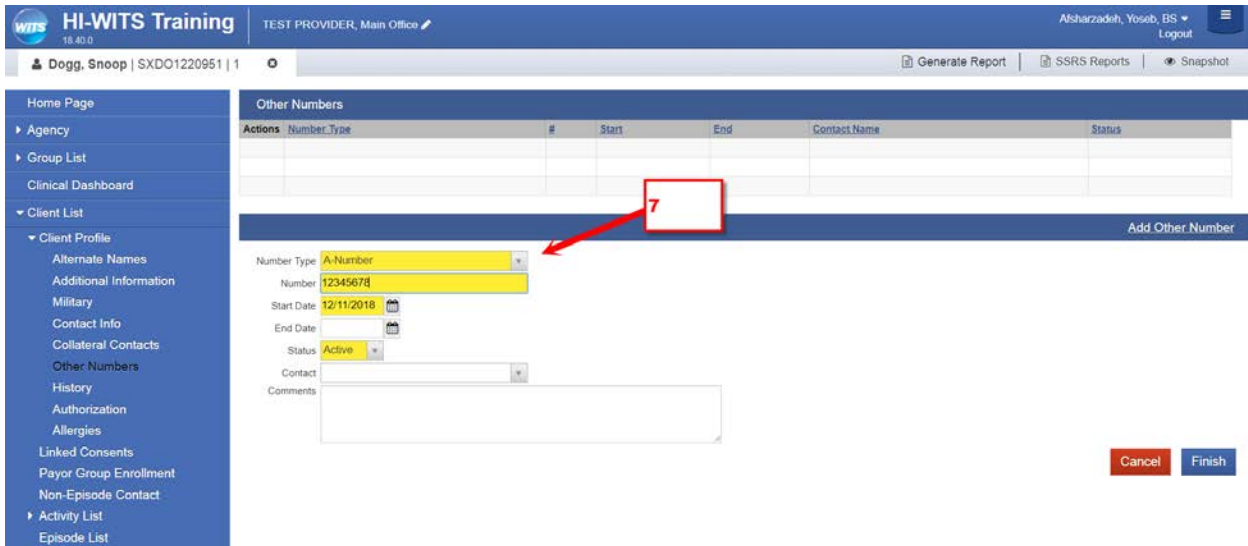
Confidential: No

Buttons: Cancel, Finish

- 4. Under the Client Profile you will continue in Contact Info under the Left Hand menu pick and input the Phone Numbers if Applicable. **ALWAYS SAVE**



- 5. Under the Client Profile Click on Other Info under the Left Hand menu pick, and input the Clients Contact Information. **ALWAYS SAVE**



- Under the Client Profile Click on Collateral Contacts under the Left Hand menu pick, and input all the additional contact info collected on the Standardized Intake Form. **ALWAYS SAVE**

Collateral Contacts

Actions	First Name	Last Name	Relation	Phone Numbers	Can Contact?
	Shaniqua	Dogg	Mother		Yes
	Probation	Officer	Parole		Yes

17, 18, 19, 23, 27

Add Contact

Form fields include: First Name, Last Name, Address 1, Address 2, City, State, Zip, Email, Can Contact, Consent On File, Notes, Date of Birth, SSN, Gender, Home Phone, Work Phone, Mobile, Fax, Other, Legal Guardian, Active Date, Inactive Date.

- Under the Client Profile Click on Payor Group Enrollment and fill out the Clients Health Insurance information if Applicable. **ALWAYS SAVE**

Payor List

Actions	Priority	Plan Type	Plan	Group	Contract	Member ID	Start Date	End Date
	1	Medicaid	HMSA Quest	Medicaid		0000073576	6/1/2016	
	2	Self-pay	Private Pay	Private Pay			4/1/2017	
	3	Government Contract	ADULT	ADAD Adult GEN 1	ADAD 18-XXX Test Provider	SXDO1220951	10/1/2017	
	4	Government Contract	ADULT	ADAD Adult SABG 2	ADAD 18-XXX Test Provider	SXDO1220951	7/1/2018	

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Benefit Plan/Private Pay Billing Information

Payor-Type: Medicaid Plan-Group: HMSA Quest-Medicaid

Payor Priority Order: 1 Policy #:

Coverage Start: 6/1/2016 End: Payment Scale:

Eligibility Category: Relationship to Subscriber/ Responsible Party: Self

Subscriber Responsible Party:

First Name: Snoop Middle: Last Name: Dogg

Birthdate: 12/20/1995 Gender: 1-Male Subscriber #: 0000073576

Address 1: 123 Rotunda Dr

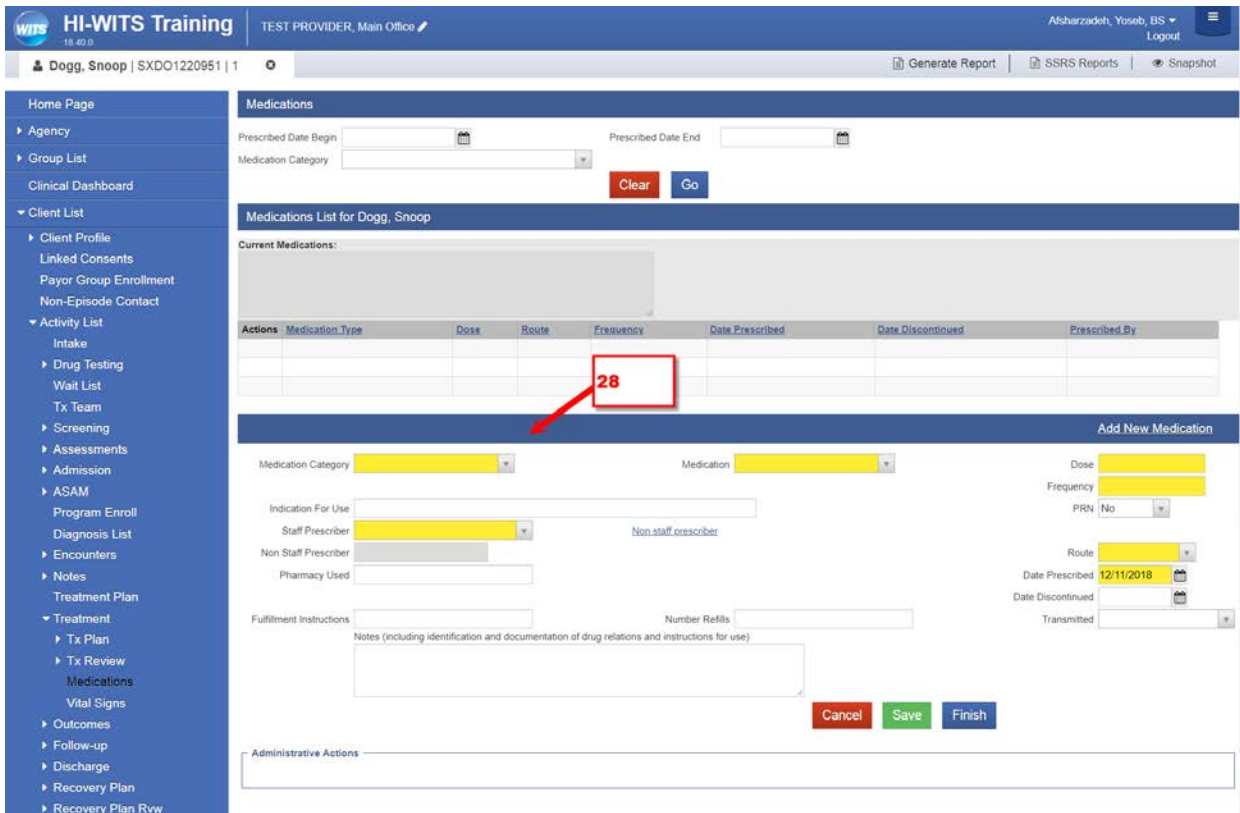
Address 2:

City: Kaneohe State: Hawaii Zip: 96744

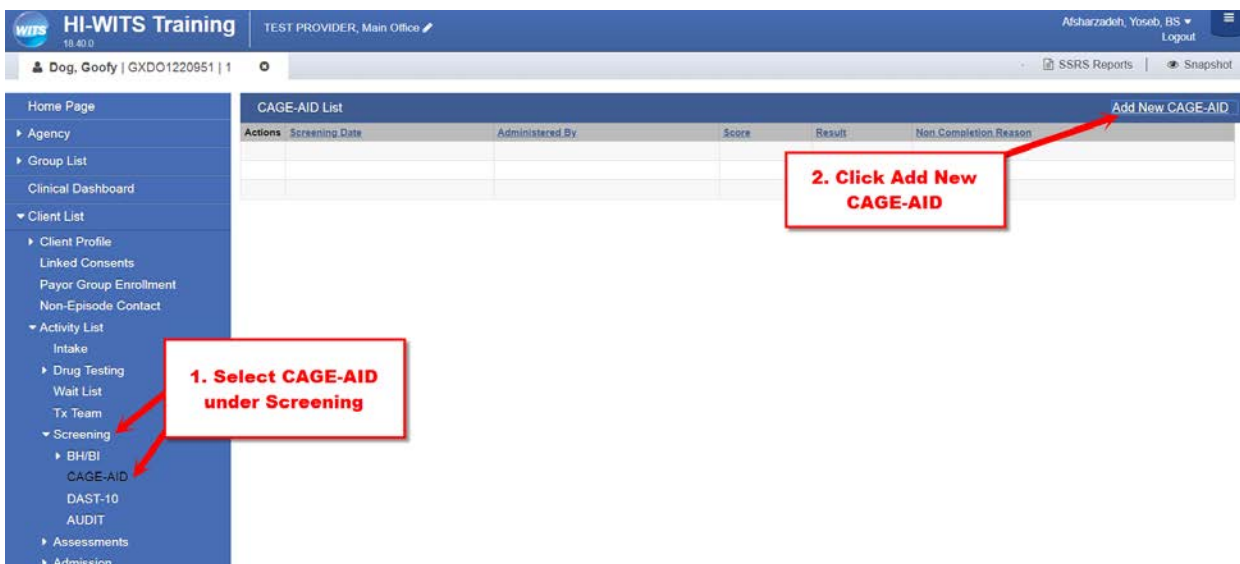
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Cancel Save

- 8. Under the Client Profile Click on Activity List, then Click on Treatment, then on Medications. Click Add New Medication and fill out all required fields Applicable. **ALWAYS SAVE**



- 9. Select Screening from Left Menu Pick, then Click **CAGE-AID**. Next you will click Add New **CAGE-AID**



10. Answer Questions, Click Save and Finish

The screenshot displays the HI-WITS Training interface for a user named Afsharzadeh, Yoseb, BS. The main content area shows the CAGE-AID assessment for a client named Dog, Goofy. The assessment includes four questions with dropdown menus for answers. A calculated score of 1 and a result of Positive are shown. At the bottom, there are buttons for 'Cancel', 'Save', and 'Finish'. Red arrows and boxes highlight the answer dropdowns and the 'Save' and 'Finish' buttons. A notification at the top indicates that the client is eligible for ATR III services based on age and CAGE score.

ALWAYS SAVE