

HI-WITS Training: Adding Health & Wellness Plan

Lesson 3

Situation: In this training Clinical Staff will learn how to add a new Health & Wellness Plan. Create Authorization for Health & Wellness Planning T1007/R1. Create Encounter and Release to Billing.

Note: All Clients should be Program Enrolled in the Appropriate Leve of Care (IOP for our training) in Conjunction with Care Coordination in order for all Applicable Services to be Available. User must have Treatment Plan (Full Access) and SignOffAndFinalize TreatmentPlan Roles added to Profile

Select Treatment Plan from the Menu Pick on the Left

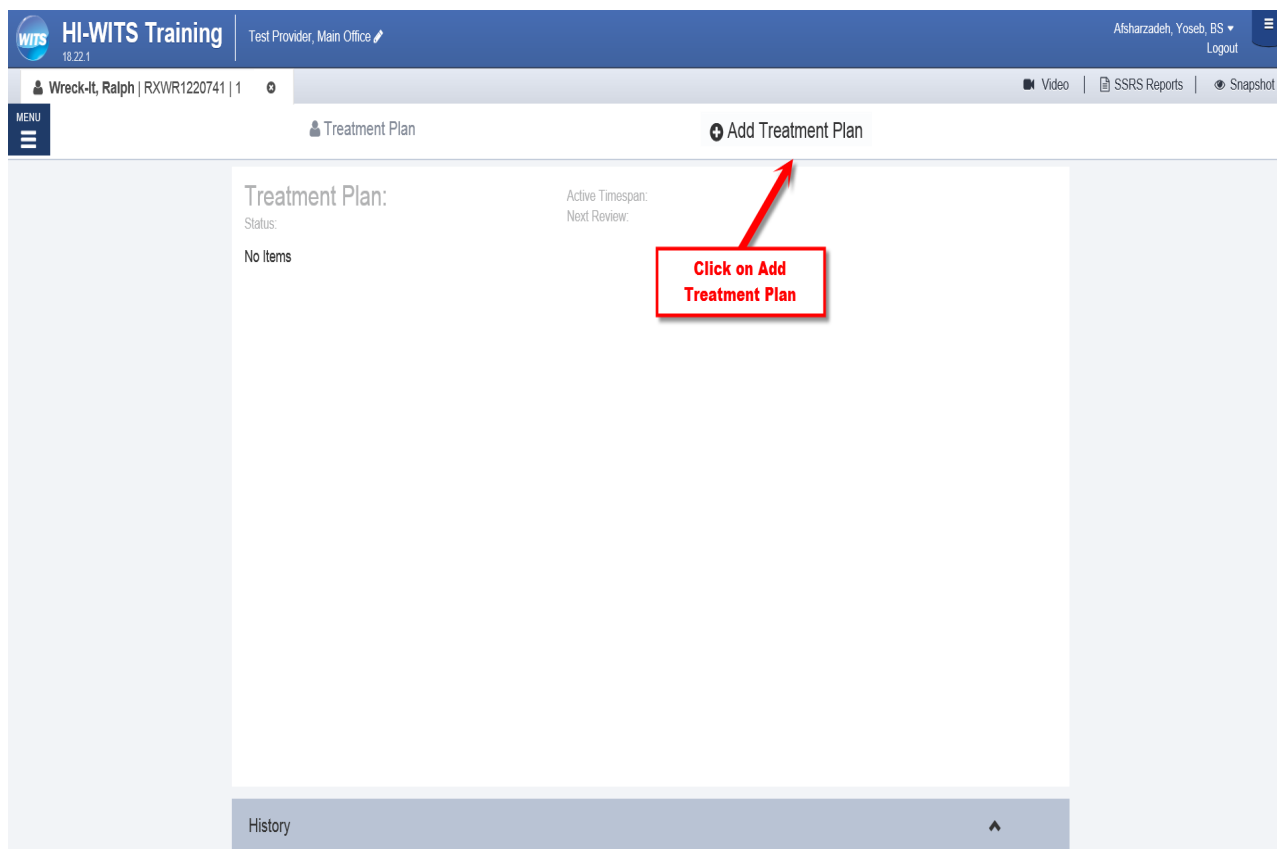
HI-WITS Training
18.22.1

Wreck-It, Ralph | RXWR1220741

- Home Page
- Agency
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- Clinical Dashboard
- ▼ Client List
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 - ASAM
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 - Diagnosis List
 - Encounters
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 - Treatment Plan
 - Treatment
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Click on Treatment Plan

Note: TX Plan Menu Pick will no longer be available



1. Click on the Add Treatment Plan button

+ Add Treatment Plan

The screenshot shows a dialog box titled "Add Treatment Plan" with a close button (X) in the top right corner. The dialog contains the following fields and options:

- Active Timespan:** Two date pickers separated by a minus sign. A red box labeled "Beginning Date" has an arrow pointing to the first date picker.
- ☒ **Has end date**
- Review Period (Days):** A text input field. A red box labeled "Set # of Days" has an arrow pointing to this field.
- Next Review Date:** A date picker. A red box labeled "Review Date" has an arrow pointing to this field.
- ☐ **Copy values from Active Plan if available.** A red box labeled "Select if Client has prior Current Active Treatment Plan" has an arrow pointing to this checkbox.
- Buttons:** "Save" and "Cancel".

2. Add Active Timespan dates, Review Period and Next Review Date

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MENU | Back | Treatment Plan Workspace | DONE EDITING

Profile > | Diagnosis | Assessments | Outline | Client Participation | Treatment Team | Sign Off

Version: 1.0 | Status: Pending | Active Timespan: 06/01/2017 - 07/30/2017 | Next Review Date: 07/30/2017 | Review Period (Days): 59

No Items | Add Notes

Follow Completion Requirements. Top to Bottom

Completion Requirements

- + Associate Diagnosis
- + Add Need
- + Add Intervention
- + Complete Client Participation

Diagnosis

Effective Date: | Diagnosing Clinician: | Associate

Primary Diagnosis: | Secondary Diagnosis: | Tertiary Diagnosis:

Behavioral Diagnosis: None

Medical Diagnosis: None

Psychosocial Diagnosis: None

GAF Score:

3. Follow Completion Requirements from Top to Bottom

Effective Date: | Diagnosing Clinician: | Associate

Primary Diagnosis: | Secondary Diagnosis: | Tertiary Diagnosis:

Behavioral Diagnosis: None

Medical Diagnosis: None

Psychosocial Diagnosis: None

GAF Score:

Select Current Diagnosis or Create New if Necessary

Use Current: 06/01/2017 Alcohol abuse, uncomplicated

Create New

4. Select Current Diagnosis or Create New Diagnosis if necessary.

Completion Requirements

- + Add Need
- + Add Intervention
- + Complete Client Participation

Add Need. Formerly known as Problem Statement

5. Add Need formerly known as Problem Statement in Prime Tx Plan

Add Need ✕

Need Type:
Category:

Select

ADAD - Social

ASAM 1 - Acute Intoxication and/or Withdrawal potential

ASAM 2 - Biomedical condition and complications

ASAM 3 - Emotional, Behavioral, or cognitive conditions and complications

ASAM 4 - Readiness to change

ASAM 5 - Relapse, continued Use or continued problem potenital

ASAM 6 - Recovery/Living environment

ASI - Alcohol

**Select correct
Area of Focus for
Need**

6. Choose the correct “Area of Focus” for selected Need

7. Select Correct Need Type Category. Add specific client “Need” and click Save

Add Need [X]

Need Type:
Category:
ASAM 5 - Relapse, continued Use or continued pro... [X]

Type:
Other [X]
Client does not know how to identify Triggers that contribute to Relapse

Deferred:
Is Deferred: [v]
Is Referred: [v]

[Save] [Cancel]

**Select "Other" on Type drop-down
Add specific need**

If Deferred

If Referred

Click "Save"

Note: If Deferred or Referred select “Yes” then choose Date

8. Select Add specific Goal from Completion Requirements list.

Completion Requirements

+ Add Goal for Client does not know how to identify Triggers that contribute to Relapse	?
+ Add Intervention	?
+ Complete Client Participation	?

Click on Add specific "Goal"

The screenshot shows the 'Add Goal' form with the following fields and callouts:

- Name:** A text box containing 'Client to identify Triggers that contribute to Relapse'. A red callout box labeled 'Add Specific Goal to address Need' points to this field.
- Projected:** A date picker showing '07/30/2017'. A red callout box labeled 'Add Date' points to this field.
- Is Deferred:** A dropdown menu with a downward arrow.
- Buttons:** 'Save' and 'Cancel' buttons. A red callout box labeled 'Click Save' points to the 'Save' button.

9. Add specific “Goal” to address the identified “Need” when finished click “Save”

The screenshot shows the 'Completion Requirements' list with the following items and a callout:

Completion Requirements	
+ Add Objective for Client to identify Triggers that contribute to Relapse	?
+ Add Intervention	?
+ Complete Client Participation	?

A red callout box labeled 'Add Objective to attain Goal' points to the first item in the list.

10. Click “Add Objective” from Completion Requirements list

Add Objective ✕

Name:

Projected:

Is Deferred:

Add Specific Objective

Add Projected completion date or next date of Review

Click "Save"

11. Add Specific Objective to obtain “Goal” set Projected Completion date, click “Save”

Completion Requirements

Add Intervention	
Associate intervention for Client will attend all Group Counseling classes and Participate	
Complete Client Participation	

Add Intervention

12. Click Add Intervention from Completion Requirement list

Add Intervention ✕

Name:

Responsible Party:
Type:
 ✕ ▼

Staff Member:
 ✕ ▼

Program Enrollment:
 ✕ ▼

Service Location:

<input type="text" value="off"/>	<input type="text"/>
Office	Office ✕

Deferred:
Is Deferred:
 ▼

Service:
 ✕ ▼

**Add Intervention
Finish Required fields**

13. Add Intervention and fill in Required fields after making your selection click Finish

Associate Intervention ✕

Interventions:

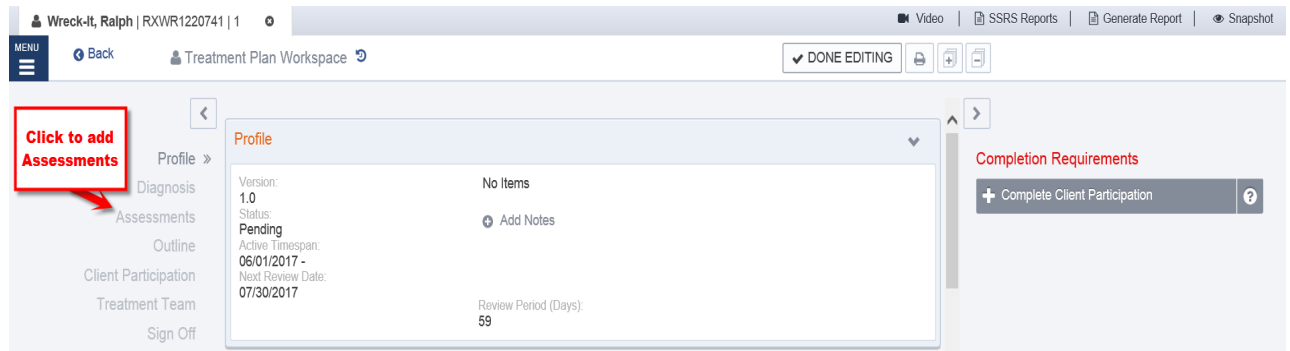
Select

Counselor will follow up on progress

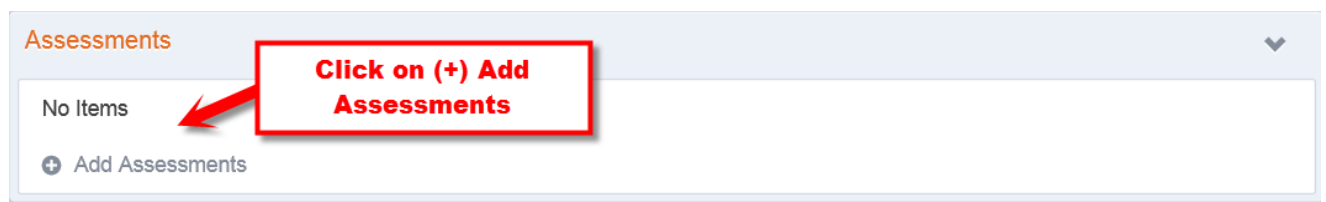
**Select added
Intervention**

14. Select the correct Intervention then click “Save”

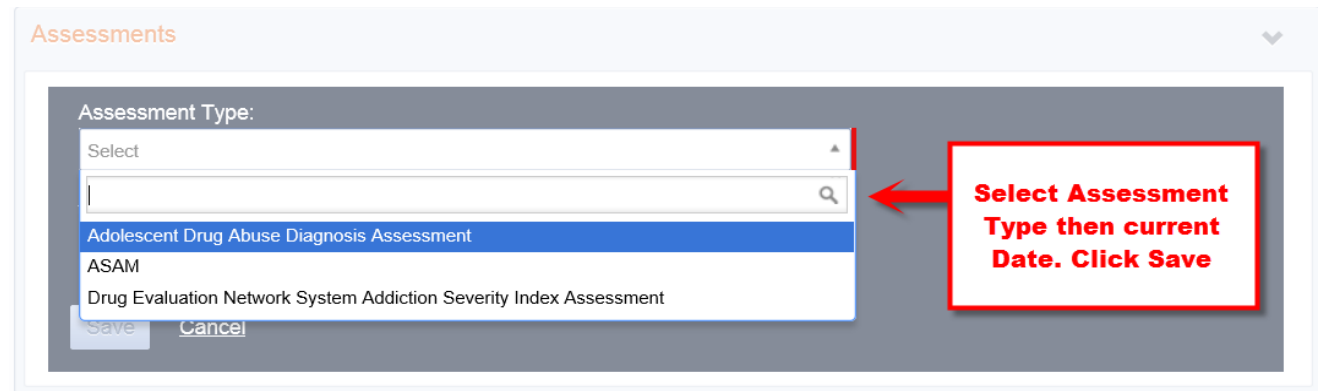
15. Click on Assessments on left Menu pick to Add Assessments (ASAM, ADAD or ASI)



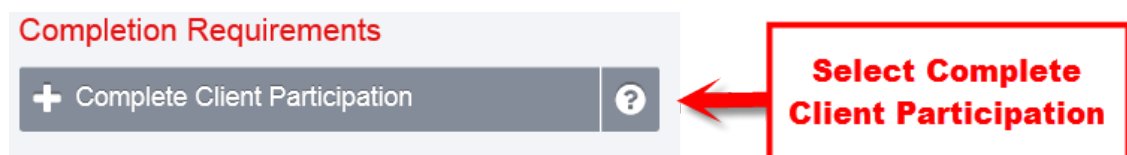
16. Click Add Assessment



17. Choose desired Assessment type, select date of Assessment then click "Save"



18. Select Complete Client Participation from Completion Requirements list



Did the client participate in the planning process?:
Yes

Did the client sign the plan?:
Yes

Was the client offered a copy of the plan?:
Yes

Answer ALL Client Participation Questions

Click Save

Save Cancel

19. Answer ALL Client Participation questions then click “Save” once finished.

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Video | Generate Report | Snapshot

Back Treatment Plan Workspace

DONE EDITING

Client Participation

Did the client participate in the planning process?:
Yes
Did the client sign the plan?:
Yes
Was the client offered a copy of the plan?:
Yes

Treatment Team

Go To Treatment Team

Name:	Primary Care:	Role/Relation:	Active:
B, Staff, CSAC, MSW-I, CSAC	Yes	Counselor	06/01/2017 -
Jackson, Ron, MD	No	Attending Physician	07/06/2017 -

Sign Off

No Items

Click on Sign and Finalize to “Activate” Treatment Plan

Sign and Finalize Sign For

20. Click Sign and Finalize in order to “Activate” the Treatment Plan

21. Create Authorization for Health & Wellness Planning T1007/R1

Authorization

Group Enrollment: ADAD Adult SABG 1 Status: Active

Plan: ADULT Contract: Click Profile ADAD 18-XXX - ADAD 18-XXX Test Provider / 7/1/2017 - 6/30/2018 - ADULT-ADAD ...

Authorization #: Date Approved: 4/5/2018

Administering Agency: TEST PROVIDER Updated Date:

Effective Date: 4/3/2018 Updated By:

End Date: 4/13/2018

Service Package: Health & Wellness Planning-L... **1. Add Health & Wellness T1007/R1**

Level of Care: N/A

Comments:

Authorized Services List

Actions	Service	Authorized Units	Authorization Amt	Encumbered	Expended	Available Units

Actions: [Requests](#)

Total Authorized: 0.0
Total Encumbered: 0.0
Total Expended: 0.0
Total Available: 0.0

Cancel Save Finish

22. Create Encounter for Health & Wellness Plan T1007/R1 and Release to Billing

Encounter

Note Type: Billing Encounter **1. IOP**

ENC ID: Created Date:

Program Name: 16-Test Facility/IOP : 4/2/2018 - Billable: Yes **2. T1007/R1**

Service: Health & Wellness Planning-R1 (T1007/R1)

Start Date: 4/3/2018

Service Location: Special Facility Other

Start Time: End Time:

Duration: # of Service Units/Sessions:

Diagnoses for this Service

Primary: F10.20-Alcohol dependence, uncomplicated(ICD)

Secondary: Select an option

Tertiary: Select an option

Rendering Staff: Afsharzadeh, Yoseb, BS

Supervising Staff:

Attending Physician:

Unsigned Notes: Signed Notes

Sign Note

Allow Disclosure? No

Administrative Actions

[Release to Billing](#)

Cancel Save Finish