

October 16, 2020

# CONTINUUM OF CARE / WITS MEETING

## ALCOHOL & DRUG ABUSE DIVISION



- ❖ ADAD Announcements
- ❖ WITS Fiscal & Clinical Update
  - ❖ Authorizations – Year 1 to 2 Transition
  - ❖ SOR 2020 GPRA Primer
- ❖ Hawaii CARES Update
  - ❖ Isolation & Quarantine Program

# COC/WITS Webinar Friday

## October 16, 2020

- Authorizations: Selecting Current Authorization Period
- Prevention: Contract Tier Set-Up
- Prevention: Monthly Billing

# Authorizations

## Selecting the correct Authorization Period

**Authorization**

Group Enrollment: ADAD Adult GEN 1 (12/13/2019) | Status: Active

Plan: ADULT | Contract: **10/1/2019 - 9/30/2020**

Authorization #: | Date Approved: |

Administering Agency: TEST PROVIDER | Updated Date: |

Effective Date: 9/30/2020 | Updated By: ADAD 20-XXX - Test Provider 20-XXX / 10/1/2019 - 9/30/2020 - ADULT-ADAD Adult GEN 1

End Date: 9/30/2021 | ADAD 20-XXX - Test Provider 20-XXX / 10/1/2019 - 9/30/2020 - ADULT-ADAD Adult GEN 1

Service Package: | ADAD 20-XXX - Test Provider 20-XXX / 10/1/2020 - 9/30/2021 - ADULT-ADAD Adult GEN 1

Level of Care: |

Comments:

**Authorized Services List**


Actions	Service	Authorized Units	Authorization Amt	Encumbered	Expended	Available Units

# Prevention

## Contract Tier Set-Up

[Cancel](#) [Save](#) [Finish](#)

Invoice/Budget Line Items [\(Export\)](#) [Add](#)

Actions	Line Item ID	Category	Line Item	Status	Effective	Percentage Cap	Original Budget	Current Budget	Amount Available
	1767	OTHER CURRENT EXPENSES	Monthly Billing	Active	10/2020	0	\$140,000.00	\$140,000.00	\$140,000.00

**One Line Item**

Total Budget \$140,000.00  
Total Available \$140,000.00

# Prevention

## Monthly Billing Line Item

**Invoice Profile**

Contract Name	Prevention-Coalition for a Drug Fr	FY	FFY2020-2021	Plan-Group	ADAD Federal Funds-SABG39
Contract #	ADAD 21-067	MM/YY	9/2020	Invoice Type	Cost Reimbursement
Prepared By		Prepared		Adjudicated	
Created By	Afsharzadeh, Yoseb	Created On	10/15/2020 12:56 PM	Status	Awaiting Review
Updated By	Afsharzadeh, Yoseb	Updated On	10/15/2020 12:56 PM		

**Cancel** **Save** **Finish**

Line Item	Monthly Services	Current Month	5500	Update Invoice				
Actions	Category	Line Item	Prior Period to Date - Paid	Current Month - Invoice	Current Month Budget	Period to Date - Paid Estimate	Period to Date Budget	Total Budget
	OTHER CURRENT EXPENSES	Monthly Services	\$0.00	\$0.00		\$0.00		\$31,250.00

Current Month Invoice-Total \$0.00

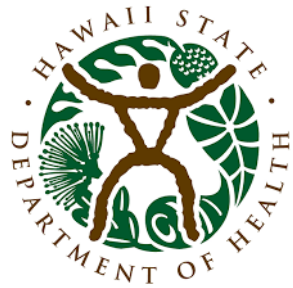
**1. Add Dollar Amount** (arrow pointing to 5500)

**2. Update** (arrow pointing to Update Invoice)

I, Afsharzadeh, Yoseb, BS, on 10/15/2020, am verifying the information in this invoice is correct and accurate to the best of my knowledge.

# Hawai'i CARES

## Coordinated Access Resource Entry System



- Collaboration between DOH/Behavioral Health Administration (BHA) and the UH Mānoa Myron B. Thompson School of Social Work (MBTSSW)
- UH/MBTSSW awarded a contract from DOH/ADAD to develop, plan, and implement Hawai'i CARES (began Oct 1, 2019)
- Collaboration among DOH/BHA, UH, service providers, other stakeholders (behavioral health, healthcare, criminal justice, social service, etc.)



# Isolation & Quarantine Team Operations

Presenter: Stephen Geib, RCUH Planner

October 16, 2020



# Isolation & Quarantine Team Progress

## **TQIC KAAHI**

- TO DATE: 232

### **Hotels**

- SINCE MON 8/10: 608 PLACED

**TOTAL PLACED: 840**

In excess of 1700 referrals processed

Total Unit capacity: 293\*

29 Aug – Rooms Available < 50%

1 Sep – Rooms Available < 40%

13 Sep – Rooms Available = 38%

16 Oct - Rooms Available = 70%



# Isolation & Quarantine Services

## Provided

- Housing
- Food
- Transportation
- Limited Medical Support
- Mobile Testing



# Isolation & Quarantine Eligibility

## Best Suited For:

- Individuals who are **confirmed positive** and unable to safely isolate in residence.
- Individuals who are **close contacts to a confirmed positive case** and unable to safely quarantine in residence.
- Person under investigation, awaiting test results, and **cannot safely isolate in residence.**
- Notes:
  - Individuals need to be ambulatory (no wheelchair) and able to independently feed, dress, and bathe themselves.
  - Individuals need to be able to independently manage their chronic health condition and their own medications.
  - Individuals need to be able to walk up 2 flights stairs without assistance.

## May be suited for other sites:

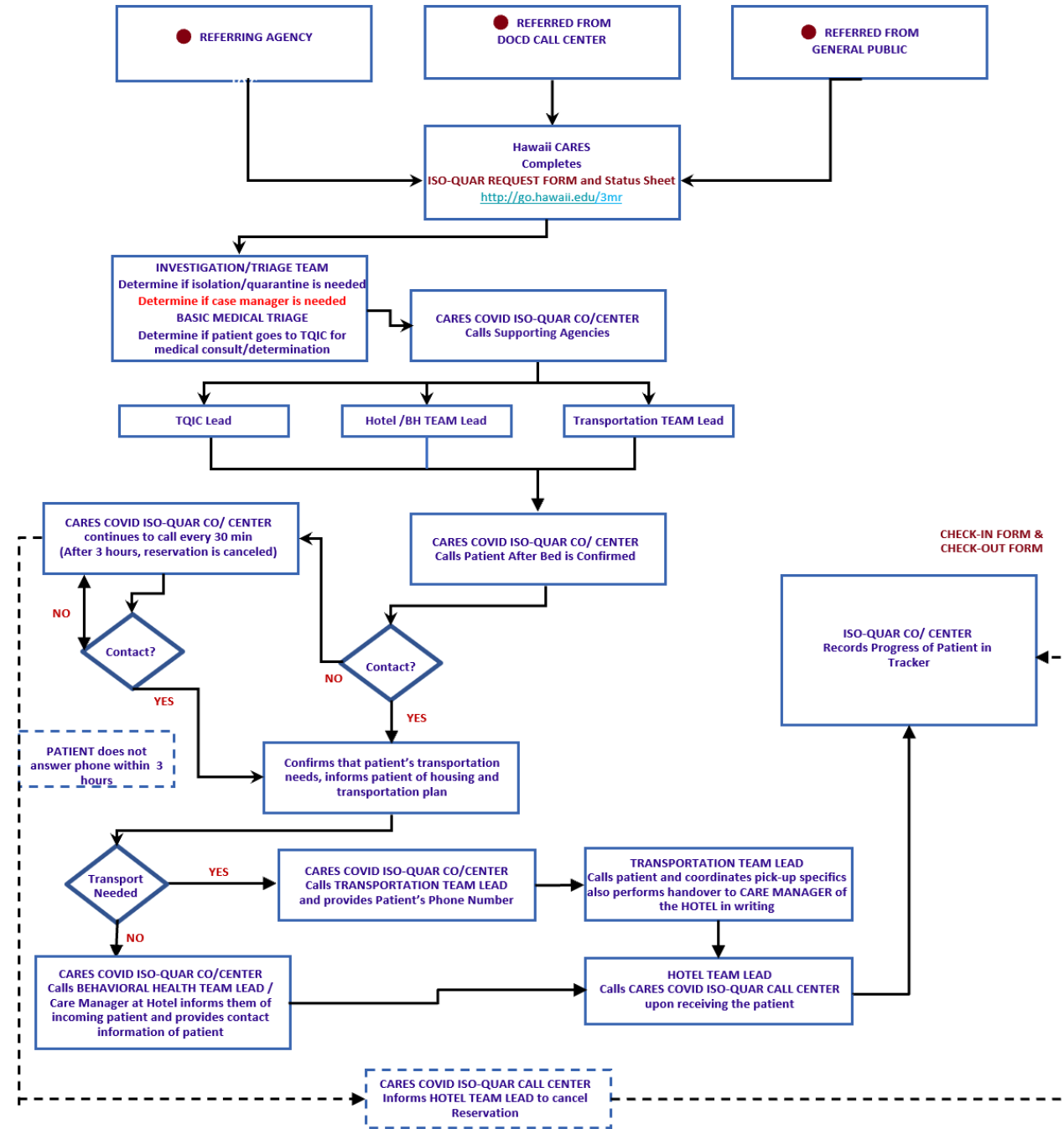
(Requests will be reviewed on a case by case basis)

- Individuals who are **unable to manage their care independently.**
- Individuals who **require constant medical care.**
- **Minors** (under age 18) without a parent or legal guardian.
- Individuals who **need acute behavioral health services.**
- Individuals that **require Continuous Positive Airway Pressure (CPAP) or supplemental oxygen.**

# Intake Workflow

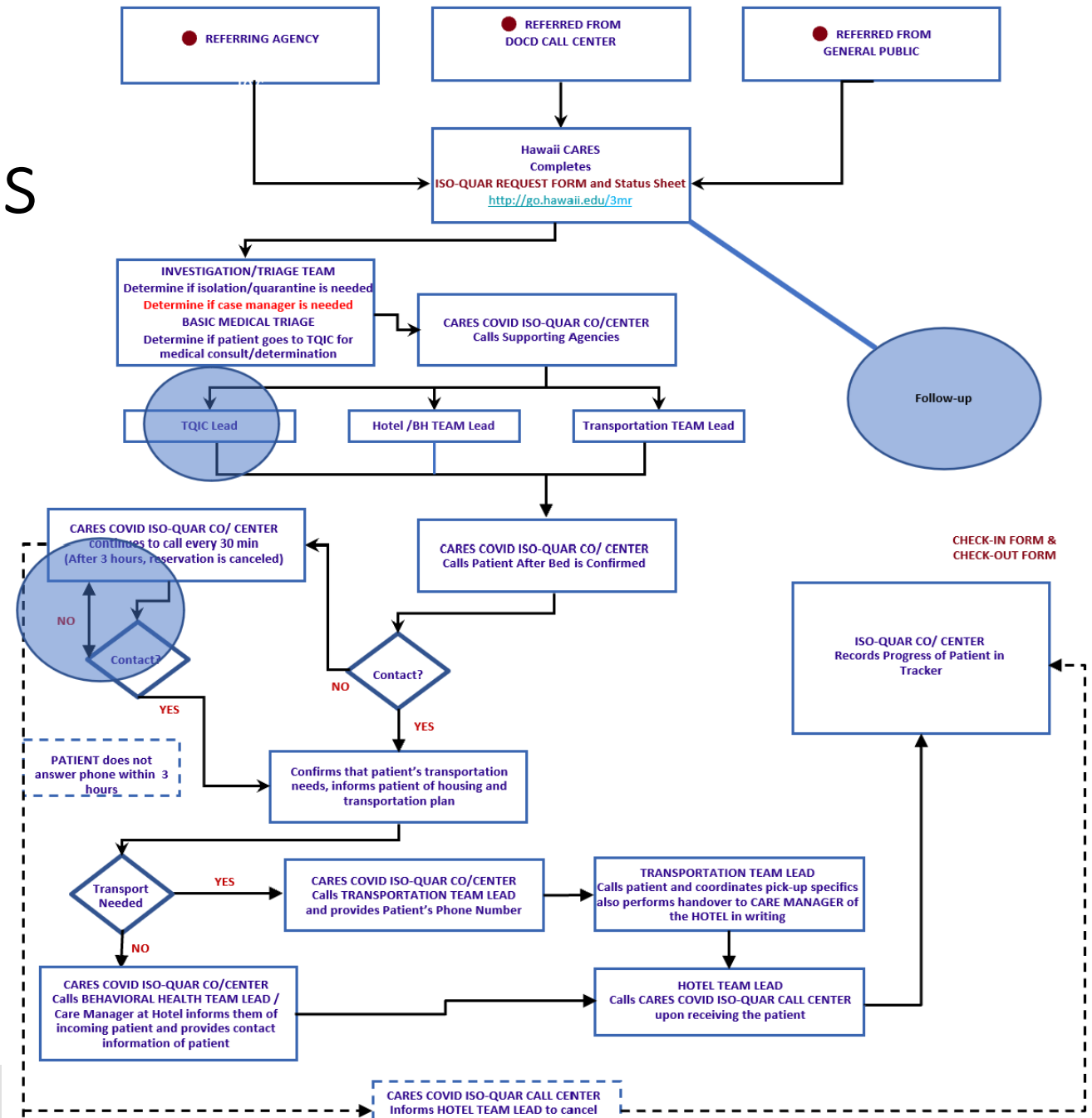
## Guidance:

- From referral to placement in under 4 hours
- Ensure that no patients “slip through the cracks”



# Intake Workflow Issues

- TQIC integration
- Outside Follow – up on patients
- Follow-up Phone calls



## Hotel Check In / Out Checklist

### ISOQUAR Hotel Check In Checklist

I, \_\_\_\_\_, agree to follow all rules below during my entire quarantine / isolation.

- I agree to not leave my entire room unless authorized by the Department of Health (DOH) and adhere to the quarantine / isolation rules.
- I understand that there could be legal repercussions if I violate quarantine /isolation pursuant to HRS 321-1 and 127A-29.
- I agree to not bring in more than 3 suitcases per person.
- I agree to not have any visitors.
- I agree to not smoke in a non-smoking room.
- I agree to not have any weapons, illegal drugs, or pets.
- I agree to be responsible for and manage my own medication and have enough supply to last me during my quarantine / isolation.
- I agree to respond immediately to daily monitoring calls from DOH staff.
- I agree to monitor my health and if my symptoms get worse, I will immediately call my usual health care provider.
- I agree that I am fully liable for property damage.
- I agree to have available transportation to pick me up after I check-out.
- I am able to walk up and down at least two flights of stairs.
- I am able to perform all activities of daily living and instrumental activities of daily living by myself. These activities include, but are not limited to walking, eating, dressing and grooming, toileting, bathing, transferring, managing communication, and managing medications.
- I agree to check out before 11:00 am on my designated check out day.

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Print NameSignatureDate

### ISOQUAR Hotel Check Out Checklist

- I have removed all of my personal items from the hotel room.
- I have not taken any items that belong to the hotel such as towels, sheets, and electronics.
- I have completed all quarantine check out protocols.
- I have put all designated trash in the assigned garbage bag and left the bag outside of the door.
- I have turned off the air conditioner.
- I have left the room windows opened.
- I left the key in the room and closed the door.
- I acknowledge that I have not left my room and have adhered to the quarantine rules.
- I acknowledge that I have not had a fever in the past 24 hours and am not experiencing any symptoms at the moment or my symptoms have not worsened.
- Upon checkout, my plan is to go to \_\_\_\_\_

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Print Name Signature Date



Questions?