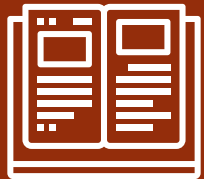


November 19, 2021

CONTINUUM OF CARE / WITS MEETING

ALCOHOL & DRUG ABUSE DIVISION



- ❖ Welcome remarks (John)
- ❖ WITS user training update on new WITS Health & Wellness Plan (Jared)
- ❖ Refresher demo of new HWP format using practice client(s) (Jared, Lisa Ponichera (Malama), Heather Long (MYFS), Yoseb)

HELPFUL REMINDERS FOR SUD TREATMENT/RECOVERY DIRECT SERVICE PROVIDERS

1. Review how to [Add a Health and Wellness Plan](#)
2. Check with your agency WITS administrator or WITS Helpdesk that you can access the Hawaii WITS Training site
3. Create a practice client in WITS Training
4. Create a practice Health and Wellness Plan using the new format for that practice client

Updated Service Packs from 30 to 31 units

Updated Service packs to support 31 units

-
- H0020/R0 Health maintenance Medication Dosing
- Adults and Child H0019 & H0019/HA Residential
 - Clean & Sober H0043, H0043/HA
 - TLP H2020 R1 & H2020/HA

2021-2023 ADAD Substance Abuse Treatment Contract Service Rates
Effective 10/1/2021
Revised 11/19/21

WITS Modality/Service	WITS Service Code	Contract Rate	Service Pack Amount per authorization	WITS Rate	Maximum Units	Auth Period to deliver a service pack	Comments
Outreach							
Outreach	H0023	\$40/hr	\$240	\$10/unit unit=15 mins	72 Hours	30 days	15 minutes minimum increment billing allowed; 6 hours per authorization; 12 authorizations max.
Motivational Enhancement							
Motivational Enhancement	H0047/ME	\$40/hr	\$240	\$10/unit unit=15mins	72 Hours	30 days	15 minutes minimum increment billing allowed; 6 hours per authorization; 12 authorizations max.
Interim Services							
Interim Services	H0023/IS	\$40/hr	\$240	\$10/unit unit=15mins	72 Hours	30 days	15 minutes minimum increment billing allowed; 6 hours per authorization; 12 authorizations max.
Screening							
Screening	H0002	\$35/screening	\$35	\$35	1 Screening	1 day	1 per Episode of Care (EOC)
Assessment							
Assessment	H0001	\$90/assessment	\$90	\$90		1 day	Initial and Update Assessments; Updated assessments shall be completed no less than every 6 months from initial assessment and when clinically indicated.
GPRA/NOMS Assessments							
Intake	H0001/R1	\$75	\$75	\$75	1 Intake per EOC	1 day	Refer to RFP 21-1 Attachment D-11 for GPRA/NOMS Policy and Procedures.
Discharge	H0001/R2	\$75	\$75	\$75	1 Discharge per EOC	1 day	
3-Month Post-Intake (Completed)	H0001/R3	\$125	\$125	\$125	1 3-Month per EOC	1 day	
6-Month Post-Intake (Completed)	H0001/R4	\$125	\$125	\$125	1 6-Month per EOC	1 day	
Administrative	H0001/R5	\$50	\$50	\$50	3 Admin per EOC	1 day	
Placement Determination							
Placement Determination	T1023	\$40	\$40	\$40	1 PD	1 day	1 per EOC
Addiction Care Coordination							
Care Coordination	H0006	\$50/hr	\$600	\$12.50/unit unit=15mins	72 Hours	30 days	15 minutes minimum increment billing allowed; 12 hours per authorization; 6 authorizations max.
Health and Wellness Planning							
Health and Wellness Planning	T1007/R1	\$100/HWP	\$100	\$100		1 day	Initial and Updated HWPs; Updated HWPs shall be completed every 14 days from initial assessment or as clinically indicated thereafter.
Stabilization Bed							
Stabilization Bed	H0043/HF	\$100/day	\$500	\$100	5 days	7 days	A bed may be reserved or utilized for stability of a client up to five (5) days. Stabilization bed reservation may be held vacant for up to two (2) days.
ASAM 3.7 WM Medically Monitored Inpatient Withdrawal Management (WM)							
ASAM 3.7 WM Medically Monitored Inpatient Withdrawal Management (WM)	H0011/R0	\$550/day	\$3,850	\$550	7 days	10 days	ASAM 3.7 WM Medically Monitored Inpatient Withdrawal Management (WM). Refer to RFP 21-1 Attachment E-1 for BH COC SUD Service Array.
ASAM 3.2 WM Clinically Managed Residential Withdrawal Management (WM)							
ASAM 3.2 WM Clinically Managed Residential Withdrawal Management (WM)	H0010/R0	\$350/day	\$2,450	\$350	7 days	10 days	ASAM 3.2 WM Clinically Managed Residential Withdrawal Management (WM). Refer to RFP 21-1 Attachment E-1 for BH COC SUD Service Array.
ASAM 3.5 Clinically Managed High-Intensity Residential Services							
Adult	H0019	\$200/day	\$6,000	\$200	60 days	45 days	ASAM 3.5 Clinically Managed High-Intensity Residential Services; 31 days per authorization; 2 authorizations max.
Child (*To coincide with PWWDC Residential Client)	H0019/HA	\$150/day	\$4,500	\$150	60 days	45 days	31 days per authorization; 2 authorizations max.
ASAM 2.5 Partial Hospitalization Services (Day Treatment)							

2021-2023 ADAD Substance Abuse Treatment Contract Service Rates
Effective 10/1/2021
Revised 11/19/21

WITS Modality/Service	WITS Service Code	Contract Rate	Service Pack Amount per authorization	WITS Rate	Maximum Units	Auth Period to deliver a service pack	Comments
Day Treatment-Adult	H2012/R1	\$150/day	\$2,250	\$150	45 days	30 days	ASAM 2.5 Partial Hospitalization Services (Day Treatment); 15 days per authorization; 3 authorizations max.
ASAM 2.1 Intensive Outpatient (IOP)							
Adult	H0015/R1	\$175/day	\$5,250	\$175	60 days	45 days	ASAM 2.1 Intensive Outpatient (IOP); 30 days per authorization; 2 authorizations max.
Child (*To coincide with PWWDC IOP Client)	H0015/HA	\$20/hr	\$1,600	\$5/unit unit=15mins		45 days	80 hours per authorization.
ASAM 1.0 Outpatient (OP)							
Adult	H2036	\$370/week	\$1,480	\$370	12 weeks	45 days	ASAM 1.0 Outpatient (OP); 4 weeks per authorization; 3 authorizations max.
Child (*To coincide with PWWDC OP Client)	H2036/HA	\$20/hr	\$800	\$5/unit unit=15mins		45 days	40 hours per authorization.
Continuing Care							
Continuing Care	H0047/AC	\$35/hr	\$350	\$8.75/unit unit=15mins	30 Hours	30 days	15 minutes minimum increment billing allowed; 10 hours per authorization; 3 authorizations max.
Opioids ONLY							
Health Maintenance Medication Dosing	H0020/R0	\$35/dose	\$1,050	\$35	1 dose per day	30 days	OPIOIDS ONLY. 31 days per authorization; 1 dose per day; no max.
Monthly Toxicology Screening	G0431/R0	\$15/screen	\$15	\$15	1 screening per month	30 days	OPIOIDS ONLY
Urinalysis Screening							
Urinalysis Screening	H0003/TN	\$15/screen	\$75	\$15		30 days	5 screenings per authorization; As medically, clinically or legally indicated.
Urinalysis Confirmatory							
Urinalysis Confirmatory	H0003/TC	\$40/test	\$200	\$40		30 days	5 tests per authorization; As medically, clinically or legally indicated.
Clean and Sober Housing (CS)							
Adult	H0043	\$45/day	\$1,350	\$45	60 days	45 days	31 days per authorization; 2 authorizations max.
Child (*To coincide with PWWDC CS Client)	H0043/HA	\$35/day	\$1,050	\$35	60 days	45 days	31 days per authorization; 2 authorizations max.
ASAM 3.1 Clinically Managed Low-Intensity Residential Services (Therapeutic Living Program (TLP))							
Adult	H2020/R1	\$150/day	\$4,500	\$150	60 days	45 days	ASAM 3.1 Clinically Managed Low-Intensity Residential Services (Therapeutic Living Program (TLP)); 31 days per authorization; 2 authorizations max.
Child (*To coincide with PWWDC TLP Client)	H2020/HA	\$115/day	\$3,450	\$115	60 days	45 days	31 days per authorization; 2 authorizations max.
Transportation							
Transportation-Type A	T2003	\$10/one-way	\$200	\$10	2 one-way transports per session	45 days	Transportation in program- or employee-owned vehicles. 2 One-Way Transports Per Session. 20 One-Way Transports per authorization.
Transportation-Type B	T2004	\$70	\$70	\$70	1 pass per month	1 day	1 pass per month.
Translation/Interpreter							
Translator/Interpreter (Must coincide with treatment hours)	T1013	\$30/hr	\$450	\$7.50/unit unit=15mins	\$7.50	30 days	15 hours per authorization; no max; must coincide with treatment hours
Early Intervention Services (EIS)							
Early Intervention Services (EIS)	G0445	\$150	\$150	\$150		1 day	Per client. All services are inclusive of this rate, such as educational groups, test kits, related supplies, and other administrative costs.

2021-2023 ADAD Substance Abuse Treatment Contract Service Rates
 Effective 10/1/2021
 Revised 11/19/21

WITS Modality/Service	WITS Service Code	Contract Rate	Service Pack Amount per authorization	WITS Rate	Maximum Units	Auth Period to deliver a service pack	Comments
Group Recovery Home (GRH)							
Group Recovery Home	H0044	\$750/home	\$22,500	\$750	30 homes	45 days	\$750 per home/month; 30 homes max.
Revolving Loan Fund (RLF)							
Revolving Loan Fund	N/A	\$4000/home	N/A			N/A	One-time loan to open new house. NOT INCLUDED IN WITS
Contingency Management (CM)							
Contingency Management	T1999	\$15/contingency	\$75	\$15	5 contingencies per EOC	45 days	5 contingencies per authorization; 1 authorization max. ONLY APPLICABLE to SOR 2.0 FUNDED CLIENTS

**COC-WITS Webinar
11-19-21
New Health & Wellness Plan Format**

Clinical Quiz Answer Key

- 1) What is WITS?
 - a. The electronic management information system (EMIS) required for use by all ADAD contracted agencies.
 - b. Web Infrastructure for Treatment Services
 - c. Provides for documentation, data collection and billing
 - d. **All of the above**

- 2) For what does HWP stand?
 - a. History of Withdrawal Progression
 - b. **Health and Wellness Plan**
 - c. Hawaii Women's Program
 - d. Height, Weight, Physical [Symptoms]

- 3) What screening tools in WITS should all providers use?
 - a. Tobacco
 - b. CAGE-AID
 - c. BHBI
 - d. **All of the above**

- 4) What are some of reasons tobacco screening in WITS could be helpful for your agency?
 - a. Help gather data for grant writing and final reports.
 - b. Provide an area for service under ASAM Dimensions 1 or 2
 - c. **Both a & b**
 - d. None of the above

- 5) How does using culture in your HWP support your program's participants?
 - a. Culture only works in culture-specific programs
 - b. Supports recruitment and retention of clients by acknowledging their cultural identification and affiliation
 - c. It allows for the use of healing that they may recognize as consistent with their beliefs and practices.
 - d. **b & c**

- 6) What is the ASAM and why do we use it?
 - a. **It is patient placement criteria recognized by the addiction field that allows one to determine the level of care your participant needs.**
 - b. It is cross-walked and validated with DSM and ICD.
 - c. Both a & b
 - d. None of the above

- 7) In developing an HWP:
 - a. Develop only an initial HWP
 - b. Develop an initial HWP and updates that focus only on relevant ASAM dimensions.
 - c. Develop an initial HWP and updates that provide a minimum of one goal and one objective for each ASAM dimension.
 - d. Develop an HWP and Updates based on the ASI and ADAD areas.

- 8) How often does the ADAD contract ask that the HWP and ASAM be updated?
 - a. Based on the modality (residential, day treatment, etc.) in which the client participates.
 - b. Within seven days from intake and every fourteen days or as clinically indicated thereafter.
 - c. Every fifteen days for clients with high ASAM severity ratings and every thirty days for those with lowerratings.
 - d. Every thirty days for clients with high ASAM severity ratings and every sixty days for those with lowerratings.

- 9) In where on WITS should one refer to the ASAM Dimension ratings?
 - a. In the initial ASAM rating
 - b. In your ADAD or DENS ASI write up
 - c. In encounter notes and HWP updates/reviews.
 - d. All of the above

- 10) The HWP should include the following:
 - a. Type, frequency and duration of service or activity
 - b. The rendering professional, para-professional, service provider or other relevant stakeholder
 - c. Use of client's own words to describe the goal(s) for each ASAM dimension
 - d. All of the above.

- 11) An Outpatient Program, per the ADAD contract, regularly provides between
 - a. One to eight hours per client per week of face-to-face treatment
 - b. One hour of scheduled and documented individual counseling per client per month.
 - c. One hour per client per week of individual counseling when clinically indicated.
 - d. All of the above.

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 Level 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

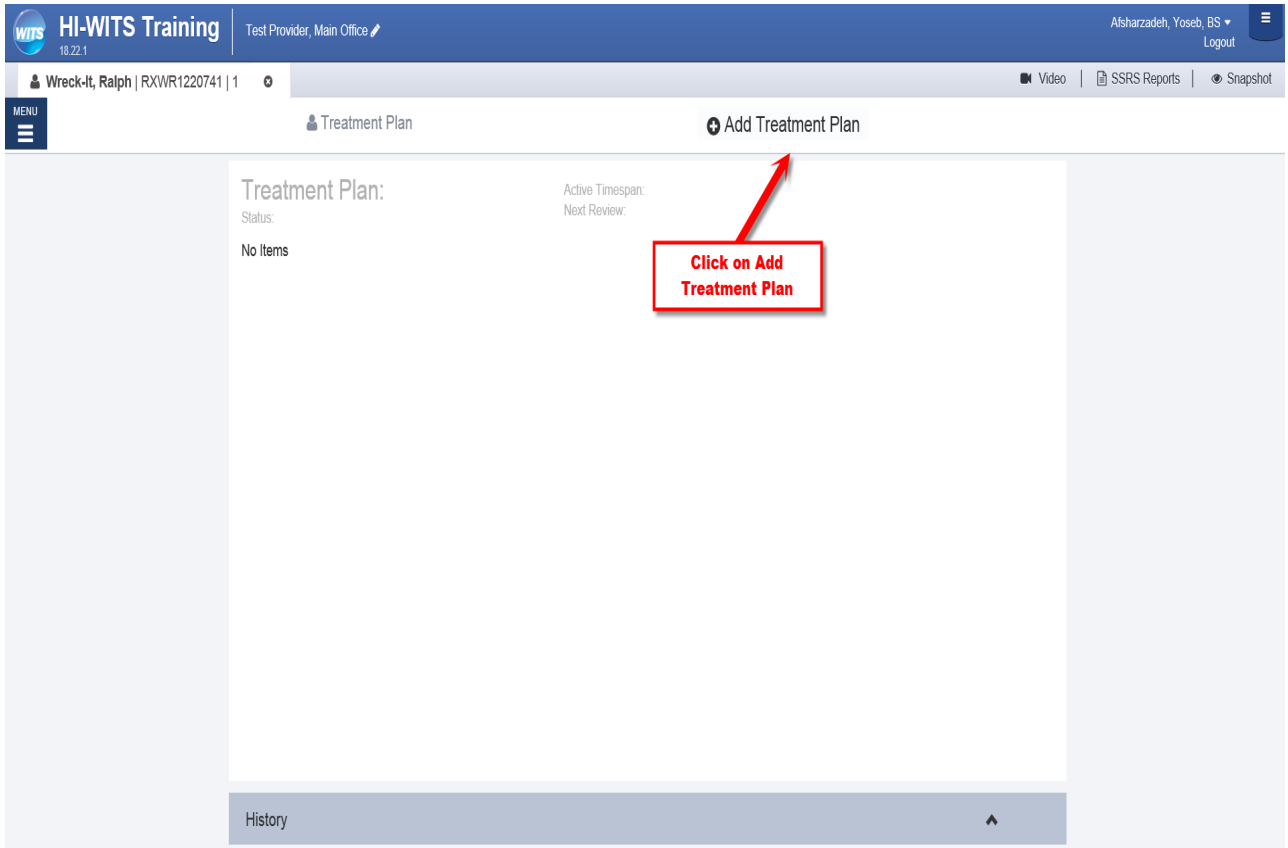
Select Treatment Plan from the Menu Pick on the Left

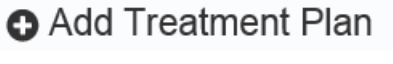
WITS HI-WITS Training
18.22.1

Wreck-It, Ralph | RXWR1220741

- Home Page
- ▶ Agency
- ▶ Group List
- Clinical Dashboard
- ▼ Client List
 - ▶ Client Profile
 - Linked Consents
 - Payor Group Enrollment
 - Non-Episode Contact
 - ▼ Activity List
 - Intake
 - ▶ Drug Testing
 - Wait List
 - Tx Team
 - ▶ Screening
 - ▶ Assessments
 - ▶ Admission
 - ▶ ASAM
 - Program Enroll
 - Diagnosis List
 - ▶ Encounters
 - ▶ Notes
 - Treatment Plan
 - ▶ Treatment
 - ▶ Outcomes

Note: TX Plan Menu Pick will no longer be available

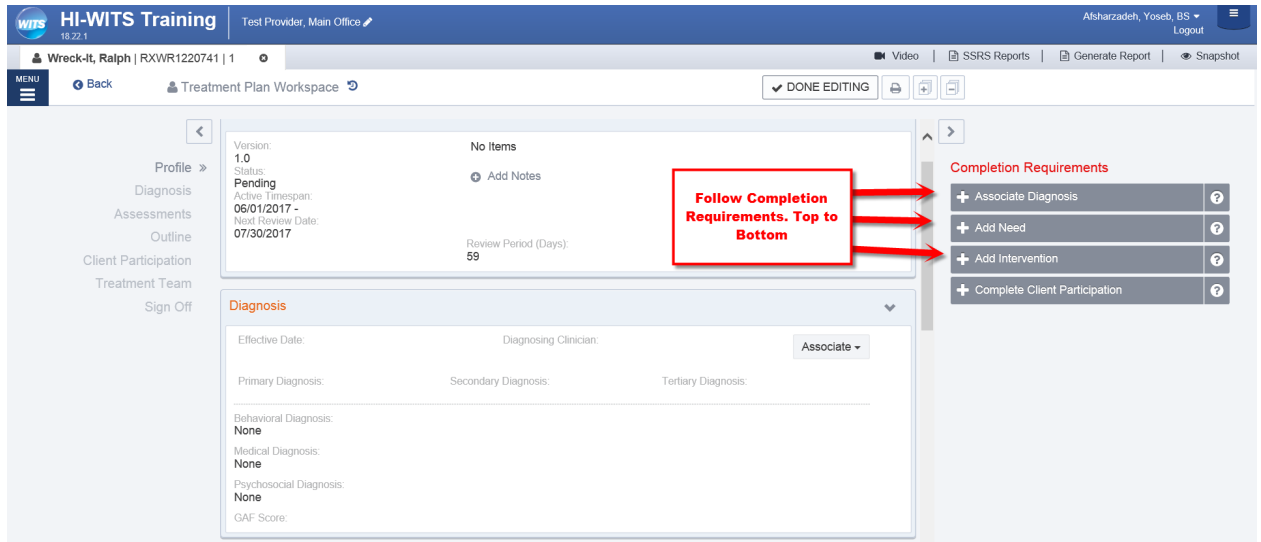


1. Click on the Add Treatment Plan button 

The image shows a screenshot of a web form titled "Add Treatment Plan". The form contains the following fields and options:

- Active Timespan:** Two date pickers with a minus sign between them. 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".

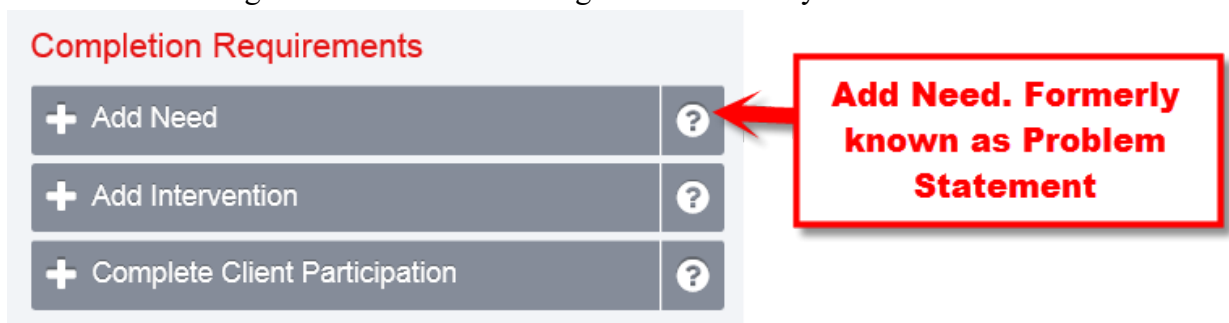
2. Add Active Timespan dates, Review Period and Next Review Date



3. Follow Completion Requirements from Top to Bottom



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



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 potential
- 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"

Add Goal [X]

Name:
Client to identify Triggers that contribute to Relapse

Projected:
07/30/2017 [Calendar Icon]

Is Deferred:
[Dropdown Arrow]

Save Cancel

Add Specific Goal to address Need

Add Date

Click Save

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

Completion Requirements

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

Add Objective to attain Goal

10. Click “Add Objective” from Completion Requirements list

Add Objective [X]

Name:
Client will attend all Group Counseling classes and Participate

Projected:
07/30/2017 [Calendar Icon]

Is Deferred:

Save Cancel

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 [X]

Name:
Counselor will follow up on progress

Responsible Party:
Type:
Staff Member [X]

Staff Member:
B, Staff, CSAC,MSW-I,CSAC [X]

Program Enrollment:
Intensive Outpatient [X]


Service Location:

off	
Office	Office [X]

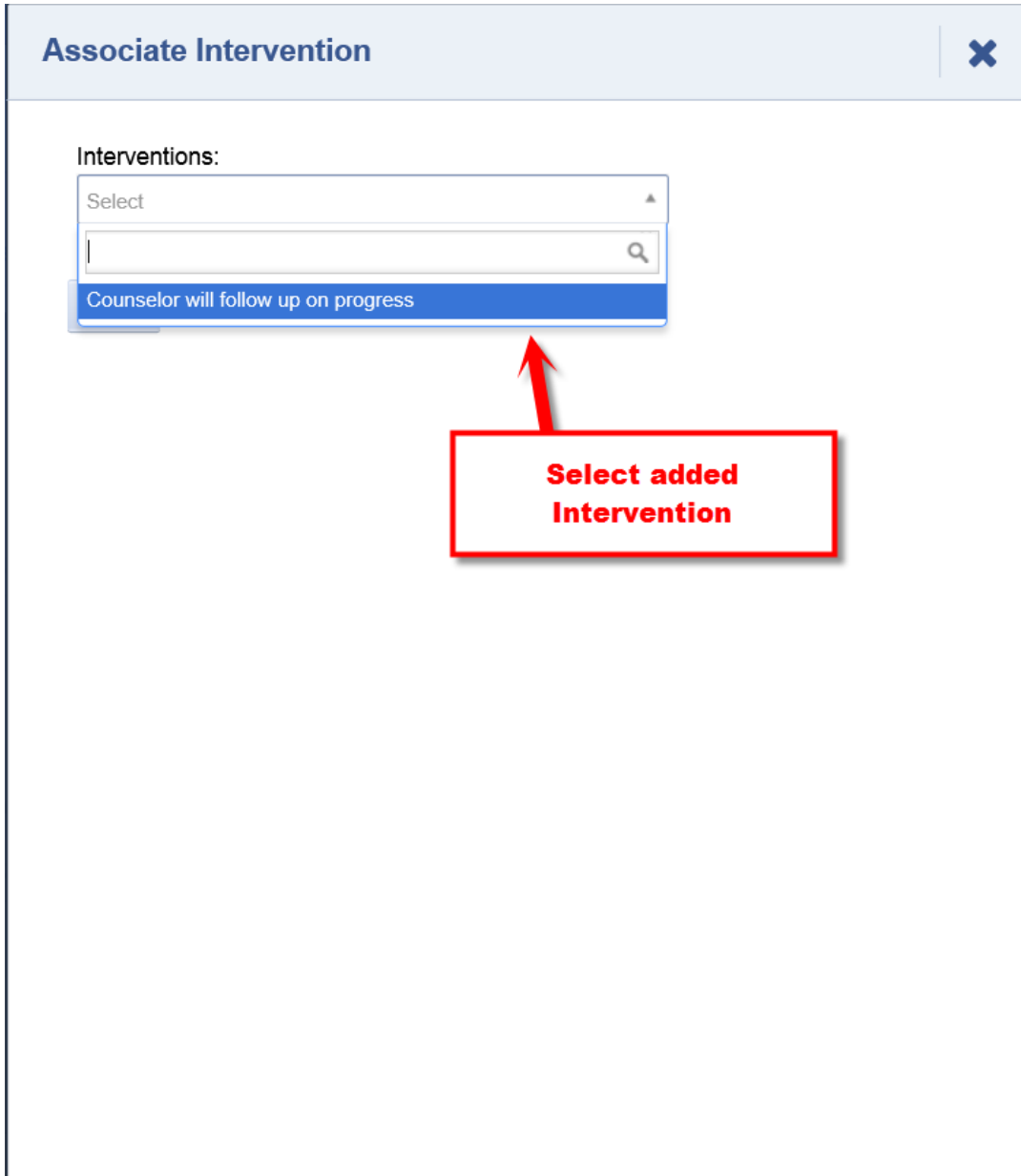
Deferred:
Is Deferred:
No [v]

Service:
Group Counseling - Skill Building Group (H2014) [X]

**Add Intervention
Finish Required fields**

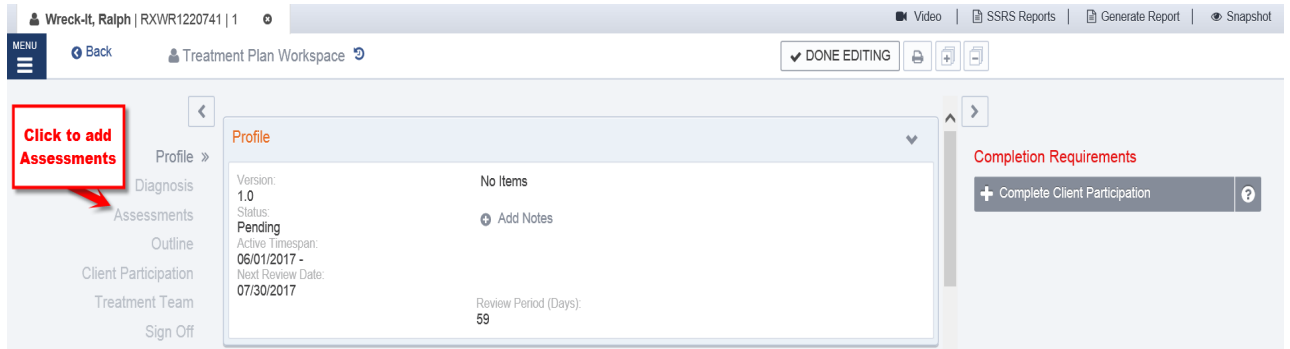


13. Add Intervention and fill in Required fields after making your selection click Finish

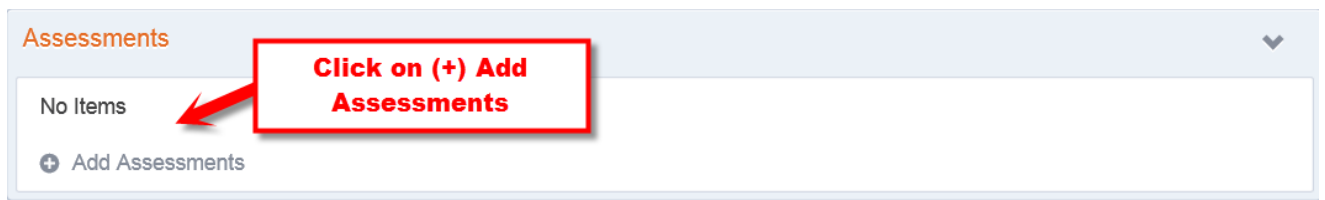


14. Select the correct Intervention then click “Save”

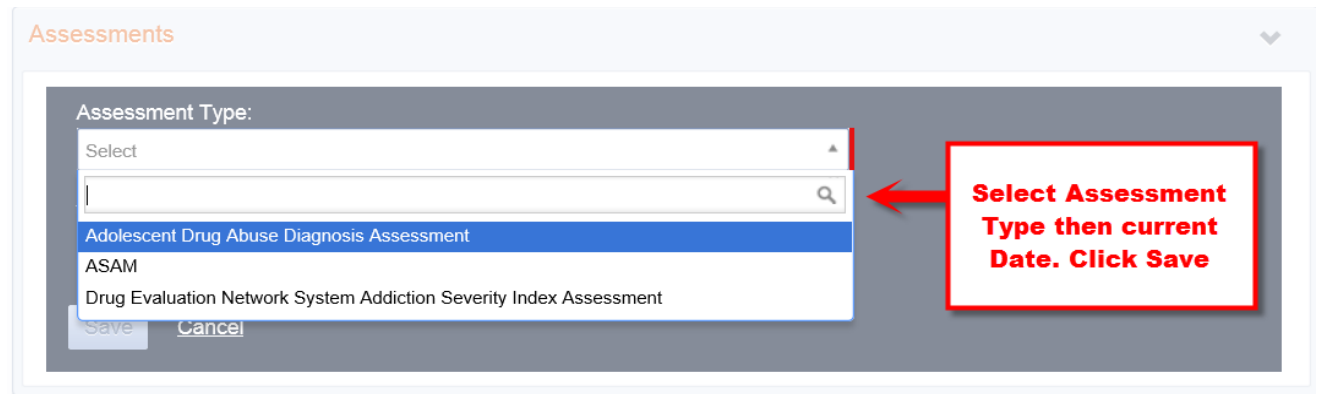
15. Click on Assessments on left Menu pick to Add Assessments (ASAM, ADAD or ASI)



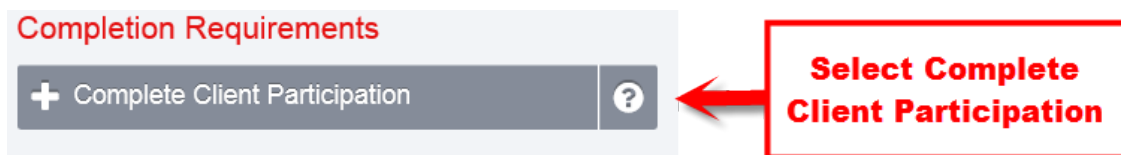
16. Click Add Assessment



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

Save Cancel

Click Save

Answer ALL Client Participation Questions

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

Wreck-It, Ralph | RXWR1220741 | 1

Video | Generate Report | Snapshot

MENU

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

Profile
Diagnosis
Assessments
Outline
Client Participation »
Treatment Team
Sign Off

Click on Sign Off

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
Plan: ADULT
Authorization #:
Administering Agency: TEST PROVIDER
Effective Date: 4/3/2018
End Date: 4/13/2018
Service Package: Health & Wellness Planning-L...
Level of Care: N/A

Status: Active
Contract: Click Profile ADAD 18-XXX - ADAD 18-XXX Test Provider / 7/1/2017 - 6/30/2018 - ADULT-ADAD ...
Date Approved: 4/5/2018
Updated Date:
Updated By:
Comments:
1. Add Health & Wellness T1007/R1

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
ENC ID:
Program Name: 16-Test Facility/IOP : 4/2/2018 -
Service: Health & Wellness Planning-R1 (T1007/R1)
Service Location: Special Facility Other
Start Date: 4/3/2018
Start Time:
End Time:
Duration:
of Service Units/Sessions:
1. IOP **2. T1007/R1**

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