

March 18, 2022

# CONTINUUM OF CARE / WITS MEETING

## ALCOHOL & DRUG ABUSE DIVISION



- ❖ Welcome (John)
- ❖ Intro and announcements (John)
- ❖ WITS user training update on new WITS Health & Wellness Plan (HWP) (Jared)
- ❖ Refresher demo of updating a HWP format using practice client(s) (Brandy Costales-Hope Treatment, Dr. Lisa Ponichtera-Malama)

# HELPFUL REMINDERS FOR SUD TREATMENT/RECOVERY DIRECT SERVICE PROVIDERS

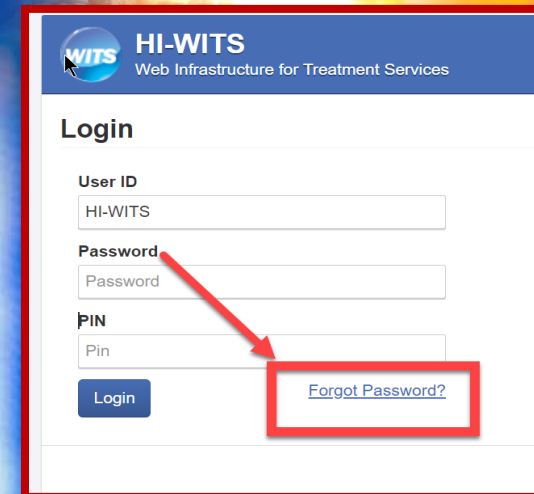
1. Review how to [Add a Health and Wellness Plan](#)
2. Check with your agency WITS administrator or WITS Helpdesk that you can access the Hawaii WITS Training site
3. Create a practice client in WITS Training
4. Create a practice Health and Wellness Plan using the new format for that practice client

# WITS PRODUCTION UPDATE OF NEW TREATMENT PLAN

WILL NOTIFY LAUNCH DATE OF TREATMENT PLAN

LAUNCH COMPLETE  
RESET LOGINS FOR ALL USERS

Go to WITS Production and click on ['Forgot Password'](#)



The screenshot shows the HI-WITS login interface. At the top, the logo and text 'HI-WITS Web Infrastructure for Treatment Services' are visible. Below this is a 'Login' section with three input fields: 'User ID' (containing 'HI-WITS'), 'Password', and 'PIN' (containing 'Pin'). A blue 'Login' button is at the bottom left. A red box highlights the [Forgot Password?](#) link at the bottom right, with a red arrow pointing to it from the 'Password' field.

# WITS PRODUCTION SITE RESET LOGIN CREDENTIALS

RESET LINK SENT TO EMAIL

UPDATE YOUR LOGIN CREDENTIALS

Primarily Contact Your Agency WITS Admin  
Secondary Contact WITS Helpdesk [witshelp@doh.hawaii.gov](mailto:witshelp@doh.hawaii.gov)

**HI-WITS**  
Web Infrastructure for Treatment Services

Go back to **'Forgot Password'**

**John Doe**

Your reset credentials link has expired.

Please contact your WITS administrator or supervisor.

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**HI-WITS**  
Web Infrastructure for Treatment Services

### Reset Credentials

Display Name  
John Doe

Email  
jdoe@gmail.com

Security Question  
What year did you get married? ▾

Answer  
2009

Password  
WITS

Confirm Password  
WITS

PIN  
1234

Confirm PIN  
1234

Save  Show Password/Pin

## 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*

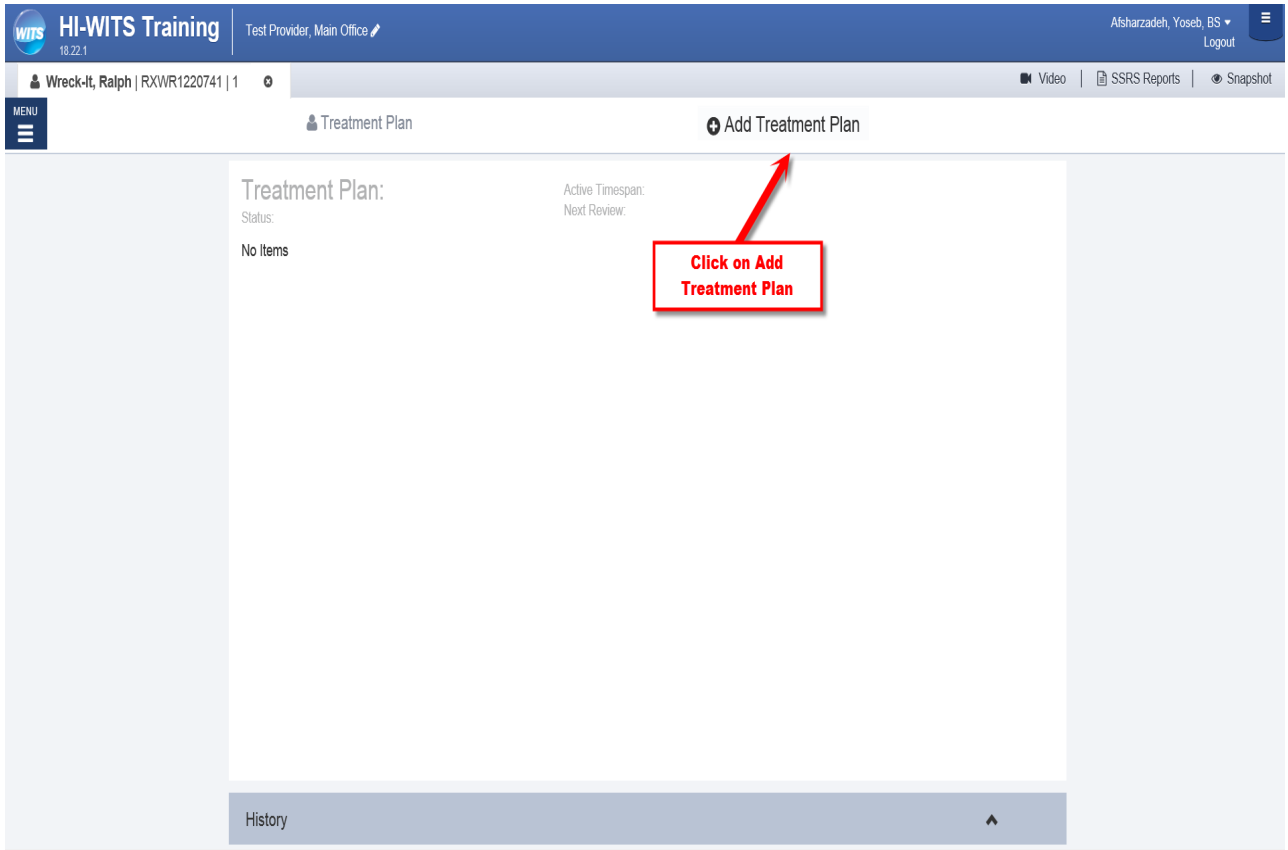
Select Treatment Plan from the Menu Pick on the Left

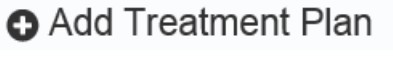
WITS HI-WITS Training  
18.22.1

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*



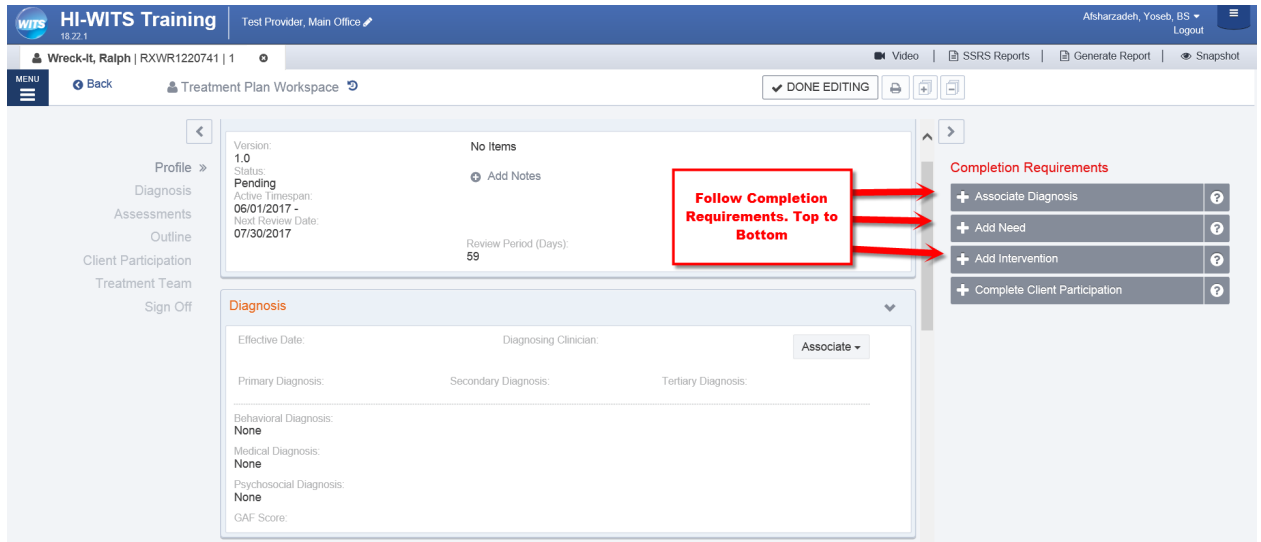
1. Click on the Add Treatment Plan button 

The image shows a software interface for adding a treatment plan. The form is titled "Add Treatment Plan" and includes the following fields and options:

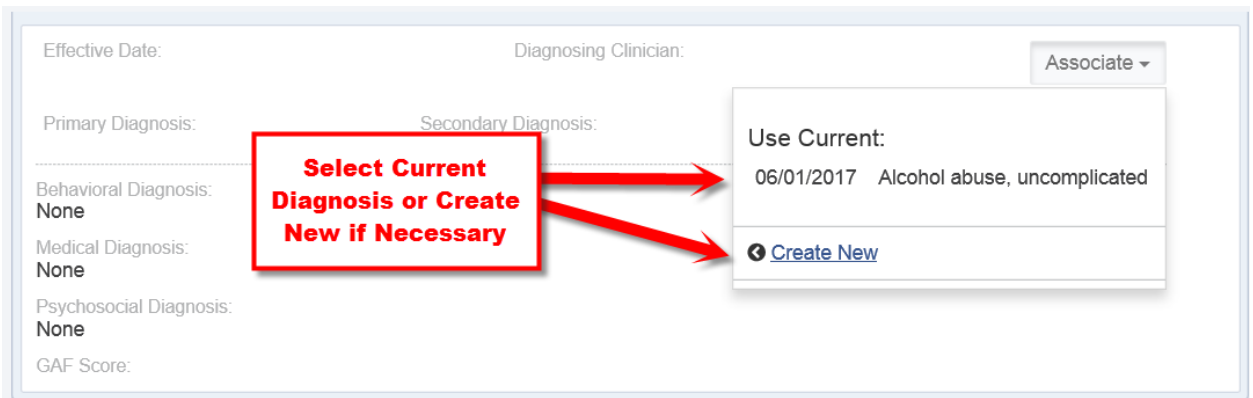
- Active Timespan:** Two date pickers with a minus sign between them. A red box labeled "Beginning Date" has an arrow pointing to the first date picker.
- Has end date**
- Review Period (Days):** A text input field. A red box labeled "Set # of Days" has an arrow pointing to this field.
- Next Review 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 for **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**

Need Type:  
Category:  
ASAM 5 - Relapse, continued Use or continued pro...  
Type:  
Other  
Client does not know how to identify Triggers that contribute to Relapse  
Deferred:  
Is Deferred:  
Is Referred:  
Save Cancel  
Click "Save"

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

If Deferred

If Referred

*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 ✕

**Name:**  
Counselor will follow up on progress

**Responsible Party:**  
**Type:**  
Staff Member ✕ ▾

**Staff Member:**  
B, Staff, CSAC,MSW-I,CSAC ✕ ▾

**Program Enrollment:**  
Intensive Outpatient ✕ ▾

**Service Location:**

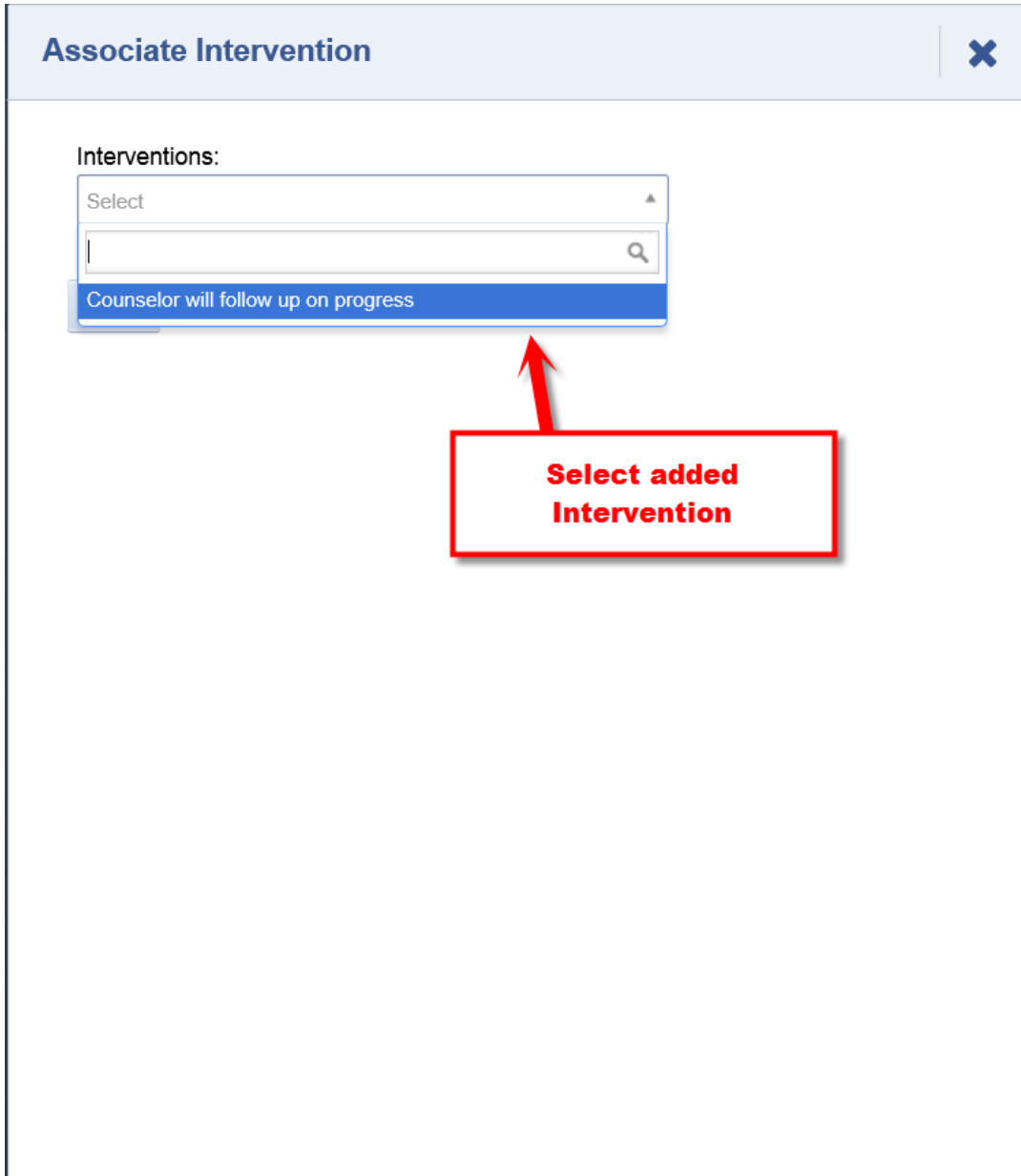
<input type="text" value="off"/>	<input type="text"/>
Office	Office ✕

**Deferred:**  
**Is Deferred:**  
No ▾

**Service:**  
Group Counseling - Skill Building Group (H2014) ✕ ▾

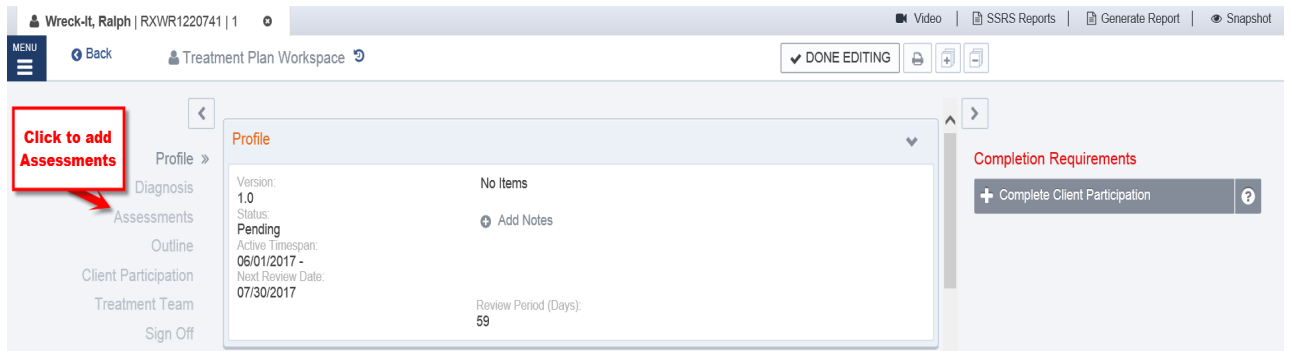
**Add Intervention  
Finish Required fields**

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

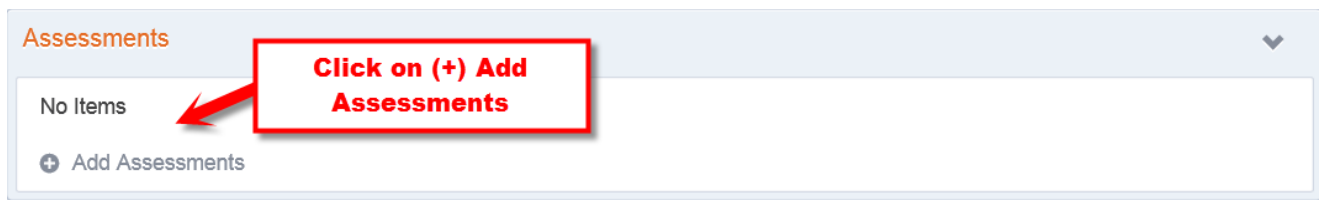


14. Select the correct Intervention then click “Save”

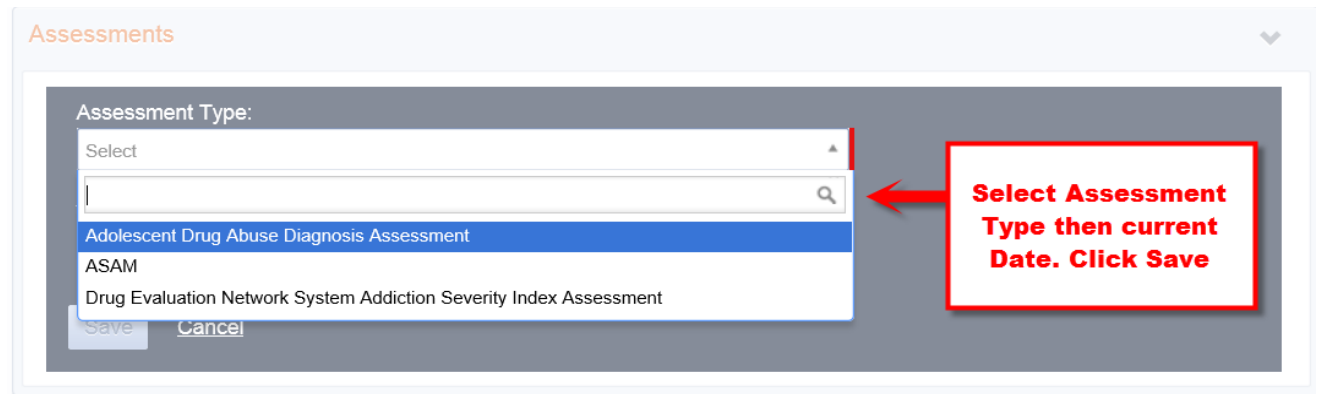
15. Click on Assessments on left Menu pick to Add Assessments (ASAM, ADAD or ASI)



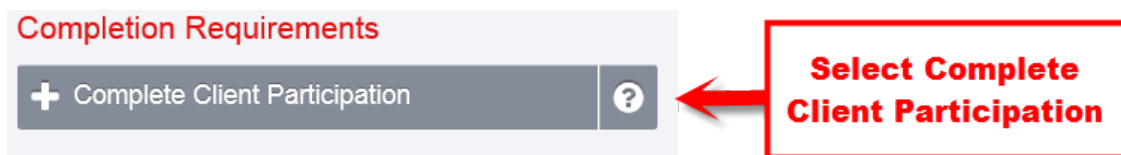
16. Click Add Assessment



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

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

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 Off

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: | Updated By: |  
Effective Date: 4/3/2018 | End Date: 4/13/2018  
Service Package: Health & Wellness Planning-L... **1. Add Health & Wellness T1007/R1**  
Level of Care: N/A

Comments

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**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  
Service: Health & Wellness Planning-R1 (T1007/R1) **2. 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) x  
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**