



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
ALCOHOL AND DRUG ABUSE DIVISION
KAKUHIHEWA BUILDING
601 Kamokila Boulevard, Room 360
Kapolei, Hawaii 96707
PH: (808) 692-7506
FAX: (808) 692-7521

In reply, please refer to:
File: DOH/ADAD

INSPIRE PLUS Phase 1 End User Training Session Timestamps

This document provides a comprehensive list of timestamped activities and demonstrations from the INSPIRE PLUS end user training sessions from September 22, 2025 and October 2, 2025. Each entry highlights key implementation steps, workflows, and system features covered during the training, making it easy to locate and review specific topics or processes within the recorded sessions.

September 22nd, 2025: Training Day 1 (Morning):

Login and Navigation: ~13:51

- Logging into Inspire Plus, navigating the Ho'ala app, and accessing the case management dashboard.
- Logging in, using work email/password, and confirming access to the correct app.

Dashboard Overview & Site Navigation: ~26:49

- Dashboard layout, views (active cases, expiring consent), and left-side navigation (applications, cases, client search requests, etc.).
- Service areas (service, finance, maintenance) and their relevance to different roles.

Personalization & Settings: Starts ~29:01

- How to access and personalize settings (time zone, records per page, currency, etc.).

Microsoft Learn Integration: ~30:00

- Brief demo of accessing Microsoft Learn for help with out-of-the-box features.

Creating and Managing Views: ~44:05

- How to update, personalize, and share views (e.g., adding columns, filters, saving custom views, sharing with team members).

Advanced Find / Querying Tables: ~48:35

- Using Advanced Find to search across tables not visible in site navigation.
- Filtering and customizing table views.

Client Search and Management: ~55:31

- Searching for clients using global search, filtering by fields (name, email, client ID).
- Formal client search request process to avoid duplicate entries.

- Attesting to client records and accessing demographic info.

Creating a New Client: ~1:06:13

- Scenario where a client does not exist in the system; process for creating a new client record.

Client Record Details & Address Management ~1:24:07

- Client record fields, address types, and address history management.

Case Management / Episode of Care ~1:35:57

- Beginning an episode of care (case creation), required fields, and unique case ID generation.

Screenings: ~2:10:12

- Creating screenings, filling required fields, and understanding automated scoring.

Intake Process: ~2:41:17

- Creating an intake after completing a screening, required fields, and referral source selection.

Assessments: ~2:50:14

- Completing intake to unlock assessments tab, overview of assessment process.

Q&A and Troubleshooting: ~2:57:47

- Addressing questions, troubleshooting client/case creation, permissions, and sharing records.

September 22nd, 2025: Training Day 1 (Afternoon):

Recap and Case Creation: ~0:11

- Recap of the morning session, focusing on accessing clients and creating cases.
- Switching views from "my active clients" to "active clients" to see all clients in your provider agency.
- Open a client and start a new case by entering the start date and saving the record.

Screening and Intake Process: ~3:00

- Creating a screening (using CAGE AID as an example), filling out required fields, and marking the screening as completed.
- Creating a new intake, filling out required fields (especially population type), and marking intake as completed to unlock the assessments tab.

Assessments Tab and Access: ~4:49

- Explanation that the assessments tab only appears after a completed intake.

- Navigating between client and case records to access assessments.

Assessment Types Overview: ~11:45

- Different assessment types used by various provider agencies.
- Creating a Dens ASI assessment, including required fields and tabs (general, medical, composite scores, interviewer's assessment).

Composite Scores and Exporting Assessments: ~13:47

- Calculating composite scores by answering specific questions in the medical tab.
- Exporting the completed assessment to a Word document for sharing or printing.

ADAD Assessment Creation: ~23:41

- Create an ADAD assessment, highlighting auto-population of demographic fields from the client profile.
- Overview of tabs and required fields, including medical status, school history, employment, social activities, and family background.

Interviewer Severity Ratings and Quick Views: ~25:43

- How interviewer severity ratings are populated based on answers in each tab.
- "Quick views" for seeing client details without navigating away from the assessment.

Creating and Managing Consents: ~1:34:03

- Creating a consent record from a case, selecting consent types (e.g., consent to bill), setting start and expiration dates, and capturing signatures.
- Different grantor options (client, parent, legal guardian, etc.) and activating consent status.

Consent for Contacts and Collateral Information: ~1:41:03

- Granting consent to contacts (e.g., family members, collateral contacts) and creating new contacts if needed.
- Tracking consent for specific individuals and the relationship to provider referrals.

Creating Client Contacts: ~1:51:05

- Creating client contacts directly from the client profile, filling in relationship information, and associating contacts with consents.

Client Payer Groups: ~2:01:13

- Creating client payer groups from the case record, including benefit plan/private and government contract options.
- Migrated data and mapping payer types.

Uploading Documents to SharePoint: ~2:07:19

- Upload documents to a case via the integrated SharePoint folder.
- Upload scanned signatures or other required documents.

September 23rd, 2025: Training Day 2 (Morning):

Support and Transition Details: ~6:32

- Explanation of help desk support structure post-transition, including tiered support and escalation to RSM for complex issues.

Case Ownership and Access: ~25:37

- Instructions for accessing and confirming ownership of cases in the system.
- Guidance on resolving restricted access issues and ensuring each participant works on their own case.

Essential Health Record Creation: ~29:29

- Explanation that an Essential Health record is automatically created with each new case.
- Walkthrough of accessing the Essential Health record and its components (diagnosis, DSM-5, allergies, medical conditions, medications, etc.).

Diagnosis Management: ~30:33

- Demonstration of creating diagnoses, marking primary and secondary, and editing diagnosis records.
- Clarification that only one primary diagnosis can be set at a time, and how to update or correct this.

DSM-5 Assessment and Symptom Checklist: ~54:03

- Instructions for creating a DSM-5 assessment and using the symptom checklist.
- Explanation of how symptoms are marked, how severity is calculated, and the importance of saving the record to trigger calculations.

Allergies, Medical Conditions, and Medications: ~1:10:11

- Steps for logging allergies (including “none”), medical conditions, and medications in the Essential Health record.
- Details on required fields, optional information, and linking records to assessments or progress notes.

Vaccinations, Substance Use, and Hospitalizations: ~1:21:44

- Guidance on recording vaccinations, substances used, and hospitalizations.
- Clarification on where these records are stored (Essential Health vs. Health tab) and their optional nature.

Level of Care Determination (ACM Assessment): ~1:40:24

- Walkthrough of creating a level of care determination, filling in all required dimensions, and submitting for approval.
- Explanation of the approval process by Hawaii CARES, including scenarios for referral and supervisor overrides.

Admission and Program Enrollment: ~2:24:25

- Instructions for admitting a client and enrolling them into a program after level of care determination is approved.
- Details on required fields for admission and the workflow for program enrollment.

Treatment Plan Creation: ~2:51:00

- Steps for creating a treatment plan within a program enrollment, focusing on the general tab and required information.

Building Treatment Plan Components: ~3:12:21

- Guidance on adding client needs, goals, objectives, and interventions to the treatment plan.
- Explanation of how each component builds on the previous (need → goal → objective → intervention), and how to link existing records.

Linking Assessments and Diagnoses: ~3:18:10

- Instructions for adding existing assessments and diagnoses to the treatment plan for comprehensive client records.

Wrap-Up Before Lunch: ~3:21:14

- Final instructions to work on client needs and treatment plan components before breaking for lunch.

September 23rd, 2025: Training Day 2 (Afternoon [Part 1](#) and [Part 2](#)):

SharePoint Integration and Consent Documents: ~0:04 (Afternoon Part 1)

- Discussion about uploading consent documents to SharePoint and clarifying that consents are stored in Inspire Plus, not SharePoint.
- If a signature is captured physically, it can be scanned and uploaded to the case.
- Consent documents can be screenshotted and printed if needed, but Inspire Plus does not generate printable consent forms directly.

Persons of Interest: ~4:19 (Afternoon Part 1)

- Demonstration of adding persons of interest to a case (e.g., restraining orders, banned individuals).

- Fields include first name, last name, description, and reason for interest (restraining order, banned, other).
- This is informational and does not block system access; typically used for family members or external parties.

Restricted Users: ~8:04 (Afternoon Part 1)

- Steps for creating a restricted user who cannot edit a case or its details.
- The process involves restricting oneself for demonstration, signing as the client, and activating the restriction.
- Once restricted, the user can view but not edit the case or its child records.
- Deactivating the restriction restores editing access.

Treatment Plan Continuation: ~1:14 (Afternoon Part 2)

- Participants resume work on treatment plans, adding client needs, objectives, goals, and interventions.
- Questions are addressed via chat and screen sharing.

Treatment Plan Reports: ~19:33

- Overview of generating treatment plan reports, which include client profile, treatment plan notes, diagnosis, assessments, goals, objectives, interventions, treatment team, plan reviews, closure, and counselor/supervisor approvals.
- Reports can be printed and sent to clients.

Treatment Team Groups and Members: ~22:11

- Optional feature to add treatment team groups and members to treatment plans.
- Steps for creating provider groups, adding members, and linking them to treatment plans.
- Provider groups are created from the provider record for proper filtering.

Treatment Plan Closure and Signatures: ~26:56

- Closing a treatment plan requires counselor and supervisor approval.
- Electronic signatures are captured and appear on the treatment plan report.
- Only users with the supervisor role can sign as supervisors; counselor signatures are required for closure. [

Completing and Validating Treatment Plans: ~38:51

- Final step is updating the status reason from "in progress" to "completed" on the general tab.

- Each goal and objective within the plan has its own status, but the overall plan is closed at the general tab.

C SAC Requirement for Completion: ~40:02

- To complete a treatment plan, a counselor must have an active C SAC.
- If not, a supervisor must sign off.
- This requirement is enforced in both the training and production environments.

Progress Notes and Planned Services: ~1:03:01

- Introduction to progress notes, which require planned services to be set up first.
- Planned services are created from the program enrollment tab and include service type, start date, and maximum units.
- Progress notes are linked to planned services and are validated against contract limits.

Validation Checks for Progress Notes: ~1:28:03

- Three validation checks before a progress note can be billed:
 1. User must not be on payment hold.
 2. Service units must not exceed contract maximum.
 3. Sufficient funds must be available in the provider contract.
- Errors are shown if any check fails; adjustments can be made and notes revalidated.

Editing and Unvalidating Progress Notes: ~2:02:29

- Once validated, progress notes are locked for editing.
- Notes can be unvalidated (if not paid/invoiced), edited, and revalidated.
- After payment or invoicing, notes cannot be unvalidated.

Adolescent Providers and Progress Notes: ~2:09:39

- For adolescent providers, a treatment plan is not required before completing a progress note; only program enrollment is necessary.

End of Day and Office Hours: ~2:25:14

- Training wraps up with a request to fill out a survey for feedback.
- Trainers remain available for office hours and questions until 4:30.

Level of Care Determination Clarifications: ~2:26:58

- Clarification that the ASAM (level of care determination) is completed directly on the case record.

- Supervisor overrides and Hawaii CARES approval processes are discussed for cases where recommended and actual levels of care differ.

Request for Word Versions of Instructions: ~2:30:00

- Participants request Word versions of training instructions for easier staff distribution.
- Trainers confirm instructions are sent to ADAD as Word documents and converted to PDFs for accessibility.

September 24th, 2025: Training Day 3:

Service Management – Planned Services: ~13:21

- Instructions to open the program enrollment created previously and navigate to the Plan Services tab.
- Demonstration of creating a new planned service, entering the required service and start date, and saving the record.
- Explanation of system rules: only one planned service per program enrollment for each service type; deactivation required before creating a duplicate.
- Overview of automatic population of maximum units, units remaining, and service rate.

Service Authorizations (Benefit Exceptions): ~27:35

- Introduction to service authorizations for requesting additional units when nearing the end of care.
- Steps to create a service authorization: select projected service end date, authorization type (extension or continued stay), number of additional units needed, and justification.
- Submission process: status updates from draft to submitted, then to approved or requiring revisions by ADAD.
- Dashboard navigation to track service authorizations, including views for requiring revisions, submitted, and decision made (approved/denied).

Provider-to-Provider Referrals: ~54:04

- Process for referring a client from one provider agency to another.
- Steps to create a consent record (Phi/ephi), select provider type, specify the provider, and capture client signature.
- Marking which records to disclose and providing a purpose for disclosure.
- Creating a provider referral: reason for referral, referred by/from details, referred to provider/facility/program, and status updates from draft to submitted.

- Acceptance or rejection of referrals by the receiving provider, with dashboard views for incoming, accepted, and rejected referrals.
- Creating a new case from an accepted referral, with clarification that disclosed records are view-only and do not migrate into the new case.

Provider-to-Hawaii CARES Referrals: ~2:20:23

- Process for referring a client to Hawaii CARES when the appropriate provider is unknown or unavailable.
- Creation of a new level of care determination, marking “unable to provide this level of care,” and submitting a referral request to Hawaii CARES.
- Automatic creation of a consent record for Hawaii CARES, with options for client consent (written, physical, or verbal) and selection of health information to disclose.
- Hawaii CARES reviews the referral and determines the best provider agency for the client.

Case Discharge: ~2:52:30

- Steps to discharge a case after referral or completion of services.
- Close all active program enrollments by updating status to completed and providing a completion reason and end date.
- Fill out discharge profile fields (discharge date, type, staff member, notes, status at discharge, primary drug at discharge, optional discharge assessments).
- Change case status from admitted to discharged, ensuring required fields (end date, follow-up staff member) are completed.

Six-Month Follow-Up: ~3:14:49

- After discharge, the system generates a six-month follow-up task for the assigned staff member.
- Instructions to update discharge date to simulate a six-month interval, triggering the follow-up notification.
- Completing the six-month follow-up via the dedicated tab, entering relevant details (program enrollment, date, status).
- Dashboard and activities views for tracking pending and completed six-month follow-ups, with options to export data if needed.

September 25th, 2025: Training Day 4 (Morning):

System Login and Troubleshooting: ~12:23

- Step-by-step guidance for logging into the Pulama app using work email and password.
- Troubleshooting common login issues, including authenticator app problems, invitation emails, and dual access for treatment and prevention domains.
- Clarification that separate email accounts are needed for access to both treatment and prevention features.

Site Navigation and Personalization: ~38:10

- Overview of the Pulama app dashboard and site navigation, including provider management, contracts, contacts, groups, and service areas (service, finance, maintenance).
- Demonstration of Advanced Find for querying tables and filtering data.
- Personalization settings and accessing Microsoft Learn documentation for out-of-the-box features.

Pinning and Recent Records: ~44:53

- How to pin frequently used records for easy access.
- Encouragement to explore the system and practice using navigation and search features.

Prevention Plan Management: ~55:16

- Only supervisors can create prevention plans; others have read-only access.
- Walkthrough of creating a prevention plan: selecting plan type, naming, linking provider contract, and setting start/end dates within contract limits.
- Explanation of error messages related to contract dates and overlapping plans.
- Hyperlinks for navigating between related records (e.g., provider contracts and prevention plans).

Child Records in Prevention Plans: ~1:13:53

- Adding problems and related behaviors (formerly outcome indicators in WITS), including problem statements and age groups.
- Creating factors and conditions (risk factors, protective factors, local conditions) and linking them to prevention plans.
- Creating outcomes (formerly goals), specifying outcome type (short-term, intermediate, long-term), target dates, descriptions, and linking to problems and factors.
- Creating indicator measures (formerly problem indicators), including indicator type, population, geotype, value, and linking to related records.

Plan Strategies and Implementation: ~1:38:06

- Creating plan strategies: selecting strategy type, description, socio-ecological domain, data collection method, projected participants, service population, priority populations, evidence-based type, IOM category, CSAP categories, geotype, and cities/towns.
- Explanation of how selections filter available options for implementation strategies.

Submitting and Revising Prevention Plans: ~1:55:49

- Submitting prevention plans for ADAD review by toggling the submit button.
- Plan status updates to “submitted,” then “revisions required” if ADAD requests changes.
- Notification emails sent for required revisions, with direct links to the plan.
- Resubmitting revised plans and further notifications if not addressed within 10 days.

Implementation Strategies (Lesson 3): ~2:15:33

- Creating implementation strategies from plan strategies (community data collection method required).
- Filling out service details, dates, billable status, frequency, duration, geotype, description, and risk category.
- Impacted target population tab: entering participant demographics (gender, age, ethnicity, race).
- Explanation of service units and adjusted service units for billing, and how to validate and release notes to billing.
- Cloning implementation strategies and activities for efficiency, with notes on which fields are copied and which need to be re-entered.

Service Notes for Coalitions (Lesson 4): ~3:10:59

- Creating generic service notes for coalition providers when activities don’t fit implementation strategies or group sessions.
- Selecting service, CSAP activity, dates, billable status, and validating notes for billing.
- Unvalidating notes if corrections are needed before invoicing.

September 25th, 2025: Training Day 4 (Afternoon):

Service Notes Creation and Validation: ~0:02

- Introduction to service notes in the Pulama app, used for any service that needs to be billed to ADAD but doesn’t fit into implementation strategy or group session categories (e.g., agreements, assessments).

- Steps to create a service note: select service, fill in CSAP activity, enter start/end dates, mark as billable, add individual notes if needed.
- After saving, service units and adjusted service units are populated; only billing team members can see amounts.
- To release a note to billing, validate the progress note via the flow button; status updates to “validated” and is authorized by the user.
- If mistakes are made, progress notes can be unvalidated (if not invoiced/paid), edited, and revalidated.

Participant Management: ~15:03

- Searching for participants using global search (account number, email, name, phone) or field-specific filters (e.g., first name, date of birth).
- Wildcard searches and advanced filtering options demonstrated.
- If a participant isn’t found, users can create a new participant (required fields: first name, last name, date of birth, address type).
- Explanation of demographic fields, safety risks, and address history (including handling homelessness and updating addresses).
- Participant contacts (formerly collateral contacts) can be added, specifying relationship, consent, and emergency contact status.
- Employment details can be added, including employer info, job title, wage, and employment dates.

Access and Permissions: ~32:01

- Clarification on which users can create participants and provider agencies (only ADAD can create provider agencies; supervisors can create prevention plans and planned strategies).
- Explanation of the difference between planned strategies (documented before ADAD approval) and implementation strategies (executed after plan approval).

Group Management: ~50:08

- Groups are created by prevention programs (not coalitions); steps include creating a group, adding group members, tracking test scores, and creating group sessions.
- Required group fields: group name, established date, prevention plan, plan strategy, age group, facility, lead staff.

- Group members are added from participants; status, registration date, and test scores can be tracked for each member.
- Demonstration of adding multiple group members and test scores.

Pinning Groups for Quick Access: ~57:40

- How to pin groups for easy access in the “recents” and “pinned” areas; multiple groups can be pinned.

Group Sessions and Attendance Tracking: ~1:12:05

- Creating group sessions from the group record; note type is “prevention,” service note type is “group session.”
- Service details, CSAP activity, session dates, and group notes are entered; session is marked billable.
- After saving, service units are calculated; group members are automatically added as attendees.
- Attendance is tracked (present, excused, no show); individual notes can be added for attendees.
- Only the group session note is validated and released to billing (not individual attendees).

Attendance and Session Calculations: ~1:25:30

- Demonstration of how to view the number of sessions attended by each group member and how to recalculate attendance in real time.

Uploading Documents to Groups: ~1:27:06

- Each provider agency has a SharePoint site; every group created gets a folder with subfolders for attendance logs, curriculum, group notes, rosters, and outcome measures.
- Documents can be uploaded directly to the relevant group subfolder.

Deactivating and Reactivating Participants and Groups: ~1:34:16

- How to deactivate/reactivate individual group members or participants; deactivated records can be reactivated from the inactive view.
- Groups can also be deactivated, but adding an end date alone does not deactivate a group.

Customizing and Sharing Views: ~1:38:49

- Users can customize views by editing columns and filters (e.g., show only groups without an end date).
- Custom views can be saved, shared with teams/agencies, and set as default.
- Related entities can be added to filters if fields exist in related tables.

September 29th, 2025: Training Day 5 (Morning):

System Login and Navigation: ~13:37

- Instructions for logging into the Inspire Plus UAT (training) environment using work email and password.
- Troubleshooting login issues: contact DoH IT at witshelp@doh.hawaii.gov for account setup.
- Overview of the Hoala app (treatment domain) vs. Palama app (prevention domain).
- Explanation of the site navigation (site map) and key sections: service area, provider management, facilities, provider contracts, provider invoices.
- Importance of using the “sandbox” (training) environment—no real client data should be entered.

Personalization and Advanced Find: ~17:00

- Demonstration of the personalization settings (view only, not editable by users).
- Introduction to the “Advanced Find” feature: searching and filtering across all tables in the system.
- Practice activity: users encouraged to click around, explore tables, and get familiar with the system interface.

Provider Contracts Overview – 21:00

- Walkthrough of viewing provider contracts under “provider management.”
- Use of global search (with wildcard/star) to find provider agencies.
- Explanation: finance users can view but not edit provider records or contracts.
- Provider contracts tab displays all contracts (active and past) for the agency.
- Active contract details: contract title, branch/office, contract number, domain (treatment/prevention), contract type, invoice type (fee for service or capitated rate), contract start/end dates.

Key Financial Definitions: ~24:00

- **Allotted/Authorized Amount:** Total funds available via purchase orders.
- **Pre-Encumbered Amount:** Total money from validated progress notes not yet tied to an invoice.
- **Encumbered Amount:** Money being invoiced for (submitted, not yet paid).
- **Expended Amount:** Total money from all paid provider invoices.

- **Available Amount:** Allotted minus pre-encumbered, encumbered, and expended amounts.
- Money cannot be in multiple “buckets” at once; it moves from pre-encumbered → encumbered → expended.

Q&A on Financial Workflow: ~28:00

- Clarification: service authorizations (requesting more units) are separate from financial encumbrance.
- System checks for available funds at multiple points (validating progress notes, submitting invoices, paying invoices).
- If insufficient funds, system will block validation or submission and display an error.

Creating Provider Invoices: ~32:00

- Navigation: Provider invoices are created under “provider management.”
- Only invoices for the user’s own agency are visible.
- Required fields: provider contract, start date, end date, invoice date.
- System enforces required fields with error notifications and directs users to missing fields.
- Practice activity: users create fee-for-service provider invoices with appropriate contract and dates.

Invoice Services and Funding Sources: ~36:00

- Invoice services and funding sources are auto-populated from the selected contract.
- Users can view but not edit these details.

Batch and Bill Process: ~40:00

- Validated progress notes (not drafts or already invoiced/paid) are eligible for batching into invoices.
- Only progress notes with service dates before the invoice end date are included.
- Demonstration: using the “Flow” button to run the “Find Billable Progress Notes” workflow.
- If no validated notes appear, users may need to create more or have a treatment staff member do so.
- System will not allow batching if notes have already been included in another invoice.

Troubleshooting Batch Issues: ~45:00

- If users cannot see progress notes, it may be due to security roles or business unit ownership.
- Only treatment staff can create progress notes; finance users may need assistance from colleagues.

September 29th, 2025: Training Day 5 (Afternoon):

Navigating the Hoala App & Provider Contracts: ~51:19

- Demonstration: Navigating to active providers in the Hoala app.
- Using global search (wildcard *) to locate provider agencies.
- Opening provider contracts tab to identify capitated rate contracts.
- Key difference: “Eligible for monthly capitated amount” field is checked for capitated rate contracts.
- Monthly maximum amount field appears (e.g., \$10,000).
- Only Adad can set eligibility; providers cannot edit this field.

Progress Notes & Rural Remote Field: ~51:19–1:17:45

- Progress notes for capitated rate invoices must have the “rural remote” field checked.
- Fee-for-service notes do not use this field.
- Demonstration: Navigating to progress notes, identifying rural remote status.
- Participants asked to confirm access to treatment/clinical side for progress note creation.

Creating a Capitated Rate Provider Invoice: ~1:17:45

- Step-by-step demo:
 - Go to Provider Management > Provider Invoice > New.
 - Select capitated rate provider contract.
 - Enter start/end dates (e.g., 9/1/2025–9/30/2025) and invoice date (e.g., 10/15/2025).
 - Save and refresh to reveal “Did you meet the capitated amount eligibility requirements?” field.
 - Leave field blank until batch and bill process is complete.

Batch and Bill Process: ~1:17:45–1:45:07

- Run workflow to find billable progress notes within the invoice date range.
- Only validated progress notes with end dates on/before invoice end date are included.

- System calculates:
 - Total adjusted amount for all progress notes.
 - Total adjusted amount for non-rural remote progress notes.
- If all notes are rural remote, non-rural remote amount is \$0.

Troubleshooting Progress Notes: ~1:17:45–1:45:07

- If progress notes are missing, check for:
 - Draft status (must be validated).
 - Notes already used in another invoice.
 - Correct provider contract selection.
- Demonstration: Filtering progress notes by status (draft/validated) and view (active/unpaid).
- Solution: Create new invoice with correct contract if needed.

Q&A: Multiple Invoices per Month: ~1:22:05

- You can create multiple invoices per month for practice or operational needs.
- The invoice end date determines which progress notes are included.
- Back-billing for previous months is possible by adjusting invoice dates.

Editing Progress Notes & Service Units: ~1:24:03

- Service units field may be locked if the case is closed or system hasn't updated.
- Only adjusted service units can be edited; original service units are read-only.
- Allow system time to update after entering planned service.

Progress Note Revisions Workflow: ~1:29:08–1:45:07

- If invoice is sent back for revisions:
 - Check justification field for required changes (e.g., too many units billed).
 - Unvalidate progress note to edit.
 - Make changes (e.g., mark as rural remote), save, and revalidate.
 - Rerun batch and bill process to include updated notes.
 - Resubmit invoice.

Splitting Funds Between Invoice Funding Sources: ~1:59:38

- After self-attesting eligibility, split funds between invoice funding sources.

- Add funds to spending priority one first; remaining funds go to priority two.
- System enforces maximums: cannot exceed monthly capitated amount or available funds to encumber.
- Example: \$10,000 can be split as \$5,000 each between two sources, but not \$11,000 total.

Mixed Batch Invoices: ~2:00:09–2:23:26

- If an agency provides both fee-for-service and rural remote services:
 - Invoice includes both types of progress notes.
 - Rural remote notes billed at capitated rate; non-rural remote notes billed at contracted rate.
 - System separates and calculates amounts automatically.

Custom Views & Filters: ~2:24:30

- Demonstration: Creating custom views in Inspire Plus.
- Edit columns/filters to show only capitated rate contracts or specific progress notes.
- Save and share views with team members.
- Filters can be set for owner, date range (e.g., last 30 days), or other criteria.

Q&A: Progress Notes, Billing, and Support: ~2:48:12–3:10:07

- Validating notes is based on date range, not facility; no system limit on number of notes.
- Custom views can be created for counselors to audit notes by client/date.
- Billing units always round up (no minimum threshold); e.g., 1 hour 10 min = 2 units.
- 15-min increments: every 15 min is a unit, always rounding up.
- No minimum for one-time services (placement, assessment).
- Support after go-live: WITS Help Desk is first tier; RSM team may assist if needed.
- No additional trainings planned after two-week period; future training plans not confirmed.

Discharge Summaries & Reports: ~3:22:44–3:27:52

- No formal discharge summary report in phase one.
- Discharge outcome summary view available for multiple clients; can export to Excel.

September 30th, 2025: Training Day 6 (Morning):

- No formal discharge summary report in phase one; potential for future addition.

Navigating to Provider Contracts – 3:59

- Step-by-step: Navigating to provider contracts in the site map and opening the active contract for the agency.

Provider Contract Details Review – 5:06

- Review of contract details: contract title, branch/office, contract number, domain, contract type, invoice type, contract manager, and financial fields.

Creating a Contract Projection – 6:14

- Only prevention program staff/supervisors can create projections; required fields: prepared by and prepared on.

Practice: Creating Contract Projections – 8:02

- Participants practice creating contract projections; billers reminded they may not have access.

Creating Contract Projection Months – 11:12

- Supervisors create contract projection months; others open existing ones for practice.

Adding Contract Projection Months – 12:04

- Entering start/end dates for projection months; must be within contract period.

Planned Services Auto-Population – 12:55

- Planned services from the provider contract auto-populate in the projection month.

Relating Planned Services to Provider Contracts – 14:11

- Demonstration of how planned services in projections relate back to the provider contract.

Entering Projected Units and Amounts – 18:35

- How to enter projected units for each service; system calculates projected amounts automatically.

Saving and Summing Projected Amounts – 23:36

- Saving the projection month; system sums projected amounts for the month and contract.

Adding Additional Projection Months – 24:31

- Creating another projection month (e.g., for November) to see totals update.

Submitting Projections to ADAD – 27:03

- Changing status from draft to ready for review; submitting to ADAD for approval.

ADAD Review Process – 33:57

- Demonstration of ADAD user reviewing and approving contract projections.

Access and Permissions Q&A – 40:16

- Discussion on who can access and edit projections (supervisors only).

Best Practices for Gathering Projections – 41:03

- Tips for supervisors to gather projections from line staff and manage multiple programs.

Session Wrap-Up and Office Hours – 44:04

- Final Q&A, reminder about additional training, transition timeline, and office hours.

September 30th, 2025: Training Day 6 (Afternoon):

Capitated Rate Contract Setup: ~51:19

- Identification of capitated rate contracts using the “eligible for monthly capitated amount” field and monthly maximum amount.
- Only Adad can set eligibility for monthly capitated rates.

Progress Notes and Invoice Creation: ~1:00:00

- Requirement for “rural remote” field to be checked on progress notes for capitated rate invoices.
- Demonstration of creating a provider invoice for a capitated rate contract, entering dates, and saving the record.
- Self-attestation field appears after saving to confirm eligibility for the capitated amount.
- Batch and bill process pulls validated progress notes within the specified date range.

Troubleshooting Invoice Creation: ~1:17:45

- Issue identified with rural remote progress notes not pulling forward due to selection of an inactive provider contract.
- Solution provided by creating a new invoice with the correct contract.

Multiple Invoices and Editing Notes: ~1:22:05

- Confirmation that multiple invoices can be created for the same month if needed.
- Discussion of editing service units in draft notes; only adjusted service units can be changed, and system updates may be required before edits are possible.

Revisions Workflow Demonstration: ~1:29:08

- Workflow for handling invoices sent back for revisions.
- Justification for revisions required is checked on the general tab.
- Process for marking a progress note as rural remote: unvalidate, check rural remote box, save, revalidate.
- Batch and bill process rerun to include updated notes in the invoice.

Recap and Self-Attestation: ~1:45:20

- Recap of the revisions workflow and self-attestation for monthly capitated amount eligibility.
- Splitting funds between invoice funding sources according to spending priority.
- System enforces checks to prevent exceeding monthly maximum or available encumbered amount.

Splitting Funds and Funding Source Errors: ~2:00:05

- Demonstration of splitting the monthly maximum between multiple funding sources.
- Clarification on error encountered when clicking the funding award hyperlink; correct method is to click in the white space or check the box to the left and press edit.

Mixed Batch Invoices and Calculations: ~2:01:57

- Explanation of mixed batch invoices containing both fee-for-service and rural remote notes.
- System calculation and separation of amounts in the invoice funding sources tab.

Technical Icon Names and Documentation Upload: ~2:23:54

- Identification of the “go to record” icon/button for accessing records.
- Review of uploading supporting documentation to SharePoint folders created for each invoice.

Custom Views and Filters: ~2:35:00

- Demonstration of creating custom views and filters in the system.
- Filtering by columns (e.g., only capitated rate contracts), saving views, and sharing with other users or teams.
- Setting filters for specific owners, date ranges (e.g., last 30 days), or other criteria.

Validating Notes and Audit Practices: ~2:48:12

- Validation of notes is strictly by date, not facility.
- Customizing views for progress notes, including filtering by owner, date, and adding columns for service units, duration, and note ID.

Billing Unit Calculation Rules: ~2:57:21

- System always rounds up for billing units.
- Hourly rates: 1 hour 10 minutes = 2 units.
- 15-minute increments: every 15 minutes is a unit, always rounding up.
- No minimum time threshold for billing a unit.

- Family sessions billed by the hour: anything under an hour is charged as one unit, anything over rounds up.

Migration and Approvals: ~3:01:04

- Migration of notes from WITS to Inspire Plus; all notes entered in WITS up to the freeze point will be migrated and released notes will come over as validated.
- Approval process for level of care changes for new clients; bulk approval during training, long-term handled by Help Desk or TRB team.

Discharge Summaries and Wrap-Up: ~3:22:44

- Viewing and exporting discharge outcome summaries to Excel for multiple clients.

October 1st, 2025: Training Day 7 (Morning):

Treatment Plan Report Walkthrough: ~13:00

- Navigation to the Hawala app and opening active cases.
- Steps to access and review the treatment plan:
 - Go to “Program Enrollments” tab, open existing enrollment, then “Treatment Plans” tab.
 - Review general info: start/end/review dates, discharge criteria, client comments.
 - “Client Needs” tab: view active needs, goals, and objectives.
 - “Assessments” tab: add existing assessments (diagnosis, checklist, HIV risk).
 - “Diagnosis” tab: confirm diagnoses are entered.
 - “Interventions” tab: review active interventions.
 - “Treatment Team Members” tab: see team and groups.
 - “Closure” tab: counselor and supervisor approvals.

Running and Reviewing the Treatment Plan Report: ~22:01

- How to run the report:
 - Use the three dots in the top ribbon, select “Run Report,” and choose “Treatment Plan Report.”
 - Report opens in a new browser window.

- Report sections: client profile, treatment plan notes, diagnosis, assessments (composite scores, severity profiles), needs/goals/objectives/interventions, treatment team, plan reviews, closure.
- Demonstration of how report data maps to fields in Inspire Plus.
- Options to print, save, or email the report.

Q&A and Audit History: ~35:05

- Updates to the treatment plan require running a new report for changes to appear.
- Audit history:
 - Inspire Plus tracks changes to records (who, when, what was changed).
 - Audit history is accessible via the “Related” tab on records (needs, goals, etc.).
 - Record administration tab shows creation/modification details.
- Editing permissions:
 - Any counselor, clinician, or medical staff can edit treatment plans; not restricted to the creator.

Staff Group Session Hours by Week Report: ~49:54

- Creating a new group for training purposes:
 - Navigate to “Groups” under case management, click “+ New.”
 - Enter required fields: provider, group name, established date, group type, age group, description, facility, lead staff.
 - Add Co-lead staff (must be associated with the facility).
- Creating a group session:
 - Go to “Group Sessions” tab, click “+ New Progress Note.”
 - Enter note type, group, facility, service, start/end date and time.
 - Mark as billable and save.
- Running the staff group session hours report:
 - Navigate to “Reports” under “My Work.”
 - Search for and open “Staff Group Session Hours” report.
 - Enter facility, start date, end date; view report.

- Report displays hours worked by lead and co-lead staff for selected sessions.

Troubleshooting and Practice: ~1:08:12

- Trainers assist with adding staff to facilities and resolving issues with group creation.
- Practice creating group sessions and running reports; guidance provided for users with limited data or permissions.

Advanced Reporting and Export Options: ~1:29:12

- Discussion on reporting by funding source:
 - No built-in report for contract funding sources in phase one, but users can create views and export to Excel.
- Saving and exporting reports:
 - Reports can be saved as Word, Excel, PDF, and other formats.
- Only two SSRS reports (treatment plan and staff group session hours) are available in phase one; other reports may be added in future phases.

Custom Views and Sharing: ~1:42:17

- Creating and updating views:
 - Use advanced find to search tables (e.g., contract funding sources, program enrollments).
 - Edit columns and filters to customize views (e.g., filter by funding type, enrollment year).
 - Save custom views and share with other users or teams.
- Practice:
 - Attendees create and share custom views (e.g., client enrollment list for 2025).

Searching and Filtering Data: ~2:07:01

- Searching for data:
 - Field-specific filtering (e.g., case number, start date).
 - Global search with wildcards (e.g., “Lauren*” for first names, “*Walker” for last names, “*gan*” for substrings).
 - Creating views to show all clients (active/inactive) and saving for future use.
- Related tables:
 - Advanced users can pull fields from related tables (e.g., client contacts).

Dashboards and Charts: ~2:32:26

- Creating personal dashboards:
 - Navigate to “Dashboards,” click “+ New,” select layout (recommend 2-column).
 - Add lists (views) to dashboard; adjust width and position.
 - Name and label dashboard sections.
 - Option to turn view selector on/off for each section.
- Sharing dashboards:
 - Use “Manage Access” to share with users or teams; assign read/share permissions.
 - Set a personal dashboard as default.
- Editing existing dashboards:
 - Use “Save As” to copy and customize system dashboards.
 - Add additional lists or charts as needed.

Viewing and Creating Charts: ~3:08:15

- Viewing existing charts:
 - Use “Show Chart” in the top ribbon to display charts for tables (e.g., program enrollments by facility).
 - Charts are interactive; clicking on chart elements filters the underlying data.
- Creating personal charts:
 - Instructions provided in the training guide; time permitting, trainers demonstrate chart creation.

October 1st, 2025: Training Day 7 (Afternoon):

Customizing Views, Charts, and Dashboards: ~2:44

- Overview of customizing Inspire Plus to show any views, charts, or dashboards.
- Steps to create and edit personal views and dashboards.
- Demonstration of creating a custom chart (e.g., groups by age category).
- Explanation of saving and refreshing charts for visibility.

Session Schedule and Announcements: ~13:31

- Lunch break and afternoon session schedule (prevention-specific SSRS reports, export to Excel, office hours).
- Reminders about data entry deadlines and system transitions.

Creating Groups and Group Members: ~1:27:19

- Step-by-step demonstration of creating a new group in the Pulama app.
- Required fields: group name, established date, prevention plan, plan strategy, age group, facility, lead staff.
- Adding group members and setting registration dates.

Running Reports (Education Strategy & Participant Demographics): ~1:51:50

- How to run the Education Strategy report: selecting agency, facility, start/end dates.
- Explanation of report outputs: number of individuals served, group count, session count.
- Running the Participant Demographic Totals report: ensuring registration dates match report parameters.
- Updating client demographic data for accurate reporting.

Export to Excel Functionality: ~2:52:26

- Demonstration of selecting and exporting data to Excel from Inspire Plus.
- Explanation of real-time data in Inspire Plus vs. static snapshot in Excel.
- Security role requirements for export functionality.

Filtering and Custom Views: ~3:10:12

- Using filters to isolate data by client, service, or date.
- Saving filtered views for future use.
- Creating and using charts to visualize data (e.g., duration hours by client).

Q&A and Troubleshooting: ~3:45:07

- Adding columns (e.g., created on, created by) to compare service date vs. note entry date.
- Sharing custom views with other users.
- Real-time updates in Inspire Plus views.

October 2nd, 2025: Training Day 8:

System Transition and Access: ~5:47

- Reminder: Last day to enter data into WITS is October 17th; system becomes read-only starting October 18th.

- Go-live for the new system is October 27th.
- Training environment (UAT) will be used; no real client data should be entered during training.
- Login process demonstration: using work email, password, and multi-factor authentication.

Dashboard and Navigation Overview: ~17:04

- Hawaii CARES dashboard is the central hub for users.
- Dashboard displays level of care determinations pending approval, referrals, and accepted/rejected submissions.
- Explanation of the site map (left navigation): access to applications, clients, contacts, provider referrals, treatment plans, providers, and facilities.
- Users can view all clients in the treatment network; instructions for creating new clients if not found in the system.

Receiving and Managing Referrals: ~20:05

- Walkthrough of the “Hawaii CARES Receives Referrals” workflow.
- Dashboard navigation: focus on level of care determinations requesting referral.
- Explanation of direct provider-to-provider referrals vs. referrals routed through Hawaii CARES as a hub.
- Opening and reviewing referral records; only the determination status can be edited by Hawaii CARES.
- Consent management: consent is auto-created when a referral is made to Hawaii CARES; must be activated before proceeding.
- Disclosed records (e.g., ASAM, DENS, treatment plan) are shared with Hawaii CARES for evaluation.

Consent and Disclosure Process: ~25:06

- Consent records detail what information is shared with Hawaii CARES and subsequent providers.
- Providers can choose which records to disclose in direct referrals; all relevant records are shared by default when routed through Hawaii CARES.
- Reviewing disclosed records and accessing assessments/treatment plans for decision-making.

- Accepting or denying referral requests; denial reasons include missing documentation or other issues.
- Best practice: formally change status to “denied” if revisions are needed, so providers are prompted to update and resubmit.

Activating Consent and Creating Provider Referrals: ~35:04

- After accepting a referral, activate the associated consent record.
- Consent status is updated from draft to active once signed (physically, electronically, or verbally).
- Consent agreement authorizes disclosure of protected health information for care coordination.
- Creating a new provider referral from the consent tab: fill in required fields (referral date, reason, provider/facility/program, consent verification).
- Submitting the referral sends it to the selected provider agency for acceptance or rejection.

Tracking Referral Status: ~46:14

- Dashboard sections display accepted, rejected, and submitted provider referrals.
- Providers act on referrals by accepting or rejecting them; accepted referrals move to the “accepted” section.
- Once accepted, the receiving provider creates a new case/episode of care for the client.

Uses Intake/Application Process: ~48:17

- Demonstration of creating a new client and completing the uses intake form (application).
- Required fields: first name, last name, date of birth, sex at birth, gender identity, sexual orientation, ethnicity, address, and safety risks.
- Address history management: end-dating addresses and documenting homelessness.
- Application tab auto-populates client information; additional fields (marital status, employment, presenting problems) are optional.
- Presenting problems and risk factors are documented; priority score is calculated based on pregnancy and IV drug use.

Medical and Demographic Information: ~57:33

- Medical information tab: current concerns, pregnancy, IV drug use, and priority scoring.
- Address/contact information and living situation are recorded.

- Disaster-affected status, transportation challenges, and children living with the client can be documented.