WITS
Frequently Asked Questions (FAQs)
April 16, 2013

General Questions

QUESTION: How much of WITS do we really have to use? What are the minimum expectations (e.g., do we have to do our full progress notes and treatment plans in WITS)?

ANSWER: In order to receive state funds to pay for a client's treatment services, all records for the client will need to be maintained in WITS. Client intake, service authorization, GAIN assessment, treatment plans, treatment notes and billing procedures will need to be fully utilized to access state funds. This will be a phased approach meaning the billing requirements must be met first (target date of July 1, 2013). Other requirements such as utilizing the treatment plan in WITS will be phased in at a later date which is TBD).

QUESTION: If I already have an EHR in my agency, can I indicate in WITS "see agency EHR" instead of retyping everything in WITS?

ANSWER: No, all records must be kept and maintained in WITS for state funded clients.

QUESTION: Can I have an office staff person do data entry in WITS for clinical notes? Does it have to be the full clinical note?

ANSWER: Yes, an office staff person can enter the clinical note in WITS; however, after the staff person signs the note in WITS (indicating they entered it on behalf of the clinician), the clinician will also need to electronically sign the note in WITS. In order to receive state funds to pay for a client's treatment services, all records for the client will need to be maintained in WITS including the treatment notes.

QUESTION: Are we going to have to sign an agreement to use WITS moving forward?

ANSWER: Yes, the Idaho Department of Health and Welfare is currently finalizing an Idaho Web Infrastructure for Treatment Services (WITS) Substance Use Disorder Services (SUDS) provider agreement. Once this agreement is finalized, each SUD agency will be required to sign the agreement before using WITS. The agreement outlines the responsibilities of both the providers and the Department with respect to the use of WITS.

QUESTION: Will we be able to enter private pay, Medicaid funded, and other non-SUD funded clients into WITS?

ANSWER: Yes; however, providers should only add SUD funded clients into WITS at this time. Many details need to be worked out before non-SUD funded clients are entered into WITS including WITS setup, training, and the use of the WITS provider agreement (as referenced above). The date for entering non-SUD funded clients is TBD.

QUESTION: Who will determine which providers get to serve the court populations? Will the clients have provider choice?

ANSWER: Problem-solving court teams have the discretion to choose which providers they will refer for services. The offender has a choice to participate in problem solving court.

CONFIDENTIALITY

QUESTION: Will each funding source be able to look at records in WITS whenever they want? Or will they ask our permission first before viewing client records?

ANSWER: As a funding source ISC, IDJC, IDOC, and IDHW have the ability to access client records (independent of the management services contractor) without consent for the purposes of audit and evaluation. However, a standardized protocol will be created incorporating requirements of the ISC, IDJC, IDOC, and IDHW. Provider agency records will not be accessed in WITS for audit and evaluation without the agency having prior knowledge.

QUESTION: To what extend does each funding source plan to use WITS to look at my records?

ANSWER: **ISC:** Providers that have signed the consent form as a condition of working with problem-solving courts may be subject to a records review, but only on a for-cause basis. This review would be at an administrative level.

IDJC: IDJC will not utilize WITS to view individual client treatment notes and records. If there is a need to review a client record, the Provider Agency will be notified first and the proper consents will be completed. This would only occur on a for-cause basis.

IDOC: Accessing client records within WITS will be the primary function of the MSC. However, SUD administrative staff at the IDOC Central Office reserves the right to access client records within WITS. Examples include: 1) to determine clinical need and appropriateness for provider service requests that fall outside the established IDOC service matrix 2) records review on a for-cause basis.

IDHW: IDHW will not utilize WITS to view individual client treatment notes and records. All auditing will be completed by the MSC. If there is a need to review a client record, the Provider Agency will be notified first and the proper consents will be completed. This would only occur on a for-cause basis.

Please note: if there is a problem in WITS and provider agencies contact the WITS Help Desk, the WITS Help Desk will access specific client records for the purpose of troubleshooting and resolving issues. The same would be true if you contact ISC, IDJC, or IDOC for help on authorizations in WITS.

Audits:

QUESTION: Will I still be audited by CASAT and BPA when we use WITS?

ANSWER: Oversight of all network treatment and RSS providers will eventually be consolidated within the management services contract (MSC). In the interim; however, CASAT will continue to perform comprehensive certification reviews on behalf of the IDHW. BPA will continue to audit clinical charts and supervision records.

QUESTION: Will I be audited by each funding source in addition to being audited by the MSC?

ANSWER: The ISC, IDJC, IDOC, and IDHW will utilize the Management Services Contractor to support a singular process for auditing purposes.

Billing:

QUESTION: How does IDOC, IDJC, and IDHW plan to authorize services? Will the process be the same as it is now?

ANSWER: IDOC, IDJC and IDHW will utilize WITS to authorize provider services and will pay for these authorized services through the WITS billing module.

QUESTION: How will I get paid for services rendered when WITS is fully implemented?

ANSWER: By fully utilizing the system for treatment notes, your services will automatically be billed through the release to billing function. The payment will be generated by the new Management Services Contractor (MSC) for IDOC and IDHW clients, by IDJC for juvenile justice clients and by the Idaho Supreme Court (ISC) for drug court clients.

QUESTION: What should I do if the client was discharged in WITS and we still have billing records that need to be entered in WITS?

ANSWER: When an agency completes a discharge in WITS and chooses to close the intake on a client while completing a discharge, the Authorization is closed at the time the intake is closed. If there are bills that have not been released, you must call the WITS Help Desk and ask them to reopen the Intake and reopen the Authorization from the Contractor's side. You do not need to delete the Discharge.

GRRS Specific:

QUESTION: Why is the GRRS missing certain information that was answered in the GAIN-I?

ANSWER: The GAIN-I Summary Report (GRRS) is not compatible with Internet Explorer 9 or 10 which causes some sections of the GAIN-I to not auto populate into the GRRS. Changes to the ensure compatibility with Internet Explorer 9 and 10 are being investigated. Until the issue is resolved, set your browser to a more agreeable compatibility view by following the instructions located on the Department website titled "Interfacing with Internet Explorer 9 & 10", or type the following into your browser: http://healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/InformationforProviders/WITSGAIN/tabid/781/Default.aspx

QUESTION: How do I print the GRRS from WITS? Why does the GRRS printout from WITS look different from the GRRS printout from GAIN ABS (Chestnut)?

ANSWER: Currently, the GRRS should be printed from GAIN ABS (Chestnut Health Systems), not from WITS. When printing the GRRS from GAIN ABS it includes additional information (e.g., client name and client ID) in the header and footer of the document that is required when you submit for payment to the current Management Services

Contractor (e.g., BPA). When we transition to fully using WITS, providers will no longer have to submit the GRRS to the Management Services Contractor (MSC). Instead, the MSC will review the GRRS through WITS.

QUESTION: Why do I need to download the GRRS into WITS? Why does the GRRS printout from WITS look different from the GRRS printout from GAIN ABS?

ANSWER: The GRRS should always be downloaded into WITS. This allows all staff in your agency to view the completed GRRS. It also populate certain fields on the Admission screen with information collected in the GAIN-I. The Admission screen is required to be completed when a client moves from and Assessment Program Enrollment to a Treatment Program Enrollment in your agency. The GRRS that is downloaded into WITS is a PDF read-only file, and was not programmed to have specific print parameters (it does not print the client name/ID on each page).

WITS FUNCTIONALITY

QUESTION: How do clinical supervisors complete their jobs using WITS?

ANSWER: Clinical supervisors can monitoring assessments, client service plans, progress notes, and other documentation in WITS. When necessary, progress notes and clinical services provided by a trainee can be signed off by creating a corresponding miscellaneous note. Supervision activities outlined in rule (16.07.20.217) and the How to Manual for Clinical Supervision will continue to be documented in the individual clinician's clinical supervision record.

QUESTION: Is it okay to remove clients from a Group Roster in WITS?

ANSWER: Yes, you can remove clients from a group roster in WITS or you can give them a status of "inactive."

QUESTION: Will there be a module in WITS to document Case Management? How will providers document case management services in WITS?

ANSWER: The current rule requiring providers to have a separate Case Management plan will expire June 30, 2013. Starting July 1, 2013, providers will include Case Management in the client's service plan and will submit all billable services using Encounter Notes in WITS. In those circumstances where treatment and case management are delivered at different agencies, a separate service plan will need to be created by each. The content of each plan, and services provided, should be based on the current assessment and coordinated to the greatest extent possible.

QUESTION: Can I enter a billable note in WITS after I have completed the Discharge?

ANSWER: Yes, you can enter an encounter (billable) note in WITS after the client has been discharged (in WITS) as long as the intake has not been closed. If the intake has been closed, you should talk to your Agency WITS Administrator. The Agency WITS Administrator will create a Support Ticket in WITS to request the intake (and the Authorization if required) be re-opened.

QUESTION: Why doesn't the backspace key work when I'm using WITS? Since I've upgraded my computer to Windows 8/Internet Explorer 10, WITS looks different. Why?

ANSWER: The Backspace key not working properly in WITS is happening due to using Internet Explorer 10 (IE10) while not in compatibility view. Not running WITS in compatibility view for IE10 can result in anything from images not displaying properly, to screen elements being misaligned, to screen behavior changes, etc.

When using IE 10, make sure your browser is in Compatibility View before logging into WITS. Being in Compatibility View will ensure that you are able to utilize WITS full functionality. Once it is enabled it will stay enabled each time you access WITS. To enable it simply click the broken page icon in the address bar. When Compatibility View is enabled the broken page icon will appear dark blue as in the image below. For more info about Compatibility View please visit:
http://windows.microsoft.com/en-us/internet-explorer/use-compatibility-view#ie=ie-10
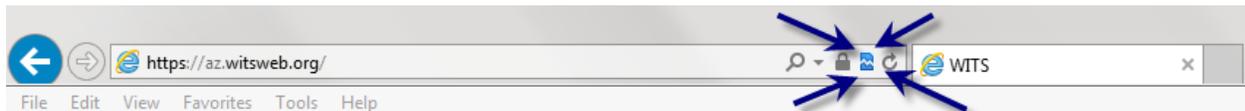
QUESTION: What if I forget to use compatibility view? Is there a way to use WITS with IE10 without turning on compatibility view?

ANSWER: Once compatibility view is set for a given website, that site will continue to open in compatibility view going forward unless you explicitly change it back out of compatibility view for that site or you clear browsing history. We have been evaluating the changes regarding view detection as part of a larger effort for potential WITS design improvements.