

# Web Infrastructure for Treatment Systems (WITS)

Treatment Provider User Manual

Office of Continuous Quality Improvement (OCQI)

2 Anthony Avenue

Augusta, ME 04330

# Contents

<b>About the Manual</b> .....	4
<b>Minimum Data Set (Client Profile, Intake &amp; Admission)</b> .....	5
<b>Minimum Data Set (Encounters, Program Disenrollment, Discharge)</b> .....	6
<b>Minimum Computer Requirements</b> .....	7
<b>Pop-Up Blocker</b> .....	8
(Internet Explorer) .....	8
(Google Chrome).....	8
(Fire Fox).....	8
<b>Login Credentials &amp; Trainings</b> .....	10
<b>Section I – Logging In &amp; Client Search</b> .....	11
<b>Logging In To WITS</b> .....	12
<b>Homepage</b> .....	13
<b>Client Search</b> .....	14
<b>Adding a New Client / Client Profile</b> .....	16
<b>Section II – Client Intake</b> .....	18
<b>Activity List</b> .....	21
<b>Section III - Admission</b> .....	22
Subsections .....	22
<b>Subsection I – Profile</b> .....	24
<b>Subsection II - Financial/Household</b> .....	25
<b>Subsection IV – Tobacco</b> .....	27
<b>Subsection V – Legal History</b> .....	28
<b>Subsection VI - Program Enrollment</b> .....	29
Sub-Section A – Encounters .....	32

<b>Adding an Encounter</b> .....	34
Subsection B – Program Dis-Enroll .....	36
Subsection C – Complete TEDS/NOMS Dis-enroll Status .....	38
Subsection D – Discharge Profile.....	39
Subsection E – Legal.....	42
Subsection F – Status Changes Since Admission .....	43
Subsection G – Substance Abuse .....	44
Subsection H - Tobacco .....	45
<b>Frequently Asked Questions</b> .....	46
What is WITS?.....	46
Why do I have to report into WITS?.....	46
Who should be reporting?.....	46
What clients should be entered into WITS?.....	47
When should the information be entered and what happens if it is late?.....	47
<b>Troubleshooting</b> .....	48
Q – I forgot myusername/password.....	48
Q – When I try to enroll a client, the program.....	49
Drop down is empty. How do I get my programs added? .....	<b>Error! Bookmark not defined.</b>
Q- When I add an encounter and try to put inthe number of units, the system gives me an error saying “ <i>The unit count should equal (X) based on the start and end date that you entered.</i> ” .....	49
Q – When I am searching for a client it says “ <i>No results match the search criteria</i> ”, but I KNOW the client was admitted in TDS.....	49
<b>Quick Reference</b> .....	49
<b>Forms</b> .....	50

## **About the Manual**

In order to ensure that the data collected from WITs is accurate and actionable, OCQI has created the WITS Treatment Provider User Manual. This manual provides current reporting instructions and common WITS item definitions for state and local WITS users, and accommodates the needs of providers in both multi-service and single-service settings. WITS is a data system that requires users to maintain a high level of understanding of its procedures. It is recommended that anyone entering data into WITS attend trainings on the system as offered by OCQI and use this manual as a resource for troubleshooting.

## Minimum Data Set (Client Profile, Intake & Admission)

### Client Profile (Client Information)

First Name (Full Name)  
 Last Name (Full Name)  
 Gender  
 Date of Birth  
 SSN (Full SSN)  
 Consent Decree (Class Member)  
 Ethnicity  
 Race  
 Veteran Status

### Intake

County  
 Source of Referral  
 Initial Contact Date (First Phone Call)  
 Intake Date (First Face to Face)  
 Pregnant (If Female)  
 Due Date (If Female)  
 Prenatal Treatment (If Female)  
 HIV  
 Hep C  
 IV Drug User  
 Shared Needles (If IVDU)  
 Problem Area

### Admission (Profile)

Admission Type  
 Admission Date (First Treatment)  
 SA Tx Admissions (In lifetime)  
 SA Hospitalizations (6 Months)  
 Prior MH Tx Admissions (12 Months)  
 Prior MH Hospitalizations (2 Years)  
 Med. Tx Physician/Clinic (12 Months)  
 Hospital ER (12 Months)  
 Med. Hospital Inpatient (12 Months)  
 Other Med. Tx Locations (12 Months)  
 MH/MR Diagnosis  
 Education Status  
 Domestic Violence Survivor  
 Self-Help Attendance (30 Days)  
 Gambling Frequency (Lifetime)  
 Financial Problems (If Yes)  
**Admission (Financial/Household)**  
 Employment Status  
 Primary Income Source  
 Expected Payment Source  
 Insurance Type  
 Living Arrangements  
 Marital Status  
 Number of Dependents (Age Group)

Dependent Care During Tx  
**Admission (Substance Abuse)**  
 Substance (1, 2 & 3)  
 Frequency of Use (1, 2 & 3)  
 Method (1, 2 & 3)  
 Detailed Drug Code (1, 2, & 3)  
 Age of First Use (1, 2, & 3)  
 Medication Assisted Treatment Type  
**Admission (Tobacco)**  
 Current Tobacco Use  
 Age of First Use (If Yes)  
 Frequency of Use (30 days if Yes)  
 Route of Administration (If Yes)  
**Admission (Legal)**  
 Legal Status  
 Domestic Violence Offender  
 Number of Arrests (12 Months)  
 Number of Arrests (30 Days)  
 Number of OUI Arrests (12 Months)  
 Treatment to Satisfy DEEP  
 DEEP Status (If Yes)  
**Admission (Program Enrollment)**  
 Program Name  
 Start Date (Admission Date)

## Minimum Data Set (Encounters, Program Disenrollment, Discharge)

### Discharge (Encounters/Units)

Service (Unit Type - Individual, Group, Etc.)

Program Name

Start Date (Admission Date or Month)

Number of Units or Sessions

Charge Per Unit

### Discharge (Program Disenrollment)

End Date (Discharge Date)

Termination Reason (Discharge Status)

### Discharge (TEDS/NOMS)

Disenrollment Type (Discharge Status)

Number of Arrests (30 Days)

Self-Help Participation (30 Days)

Frequency of Substance Use (1, 2, &3)

### Discharge (Profile)

Discharge Referral

Reason (Discharge Status)

Deliberate Referrals Other Than SA Tx

Recommend Self-Help Group

Type of Therapy (Received During Tx)

### Discharge (Legal)

Legal Status

Number of OUI Arrests (During Tx)

### Discharge (Status Since Admission)

Pregnant (If Female)

Marital Status

Living Arrangements

Employment Status

Primary Payment Source

Secondary Payment Source

Tertiary Payment Source

Health Insurance

County of Residence

Dependent Care During Tx

Participation in School or Training (During Tx)

### Discharge (Substance Abuse)

Frequency of Use (1, 2, & 3)

Method (1, 2, & 3)

Medication Assisted Treatment

Dependence Improvement

MH/MR Diagnosis

Psychiatric Admissions (During Tx)

### Discharge (Tobacco)

Current Tobacco Use

Age of First Use (If Yes)

Frequency of Use (If Yes)

Route of Administration (If Yes)

## Minimum Computer Requirements

WITS will only operate properly in the following browsers:

- **Internet Explorer 10 or Higher**
- **Google Chrome**
- **FireFox**

Before logging in to WITS, please ensure your browser meets the indicated requirements.

# Pop-Up Blocker

In order to experience the full functionality of WITS, you will need to disable your pop-up blocker, or allow WITS to display pop-ups. Instructions to disable pop-up blockers or to allow WITS to display pop-ups are included below.

## (Internet Explorer)

- To turn **Pop-up Blocker** on or off. Open the desktop, and then tap or click the **Internet Explorer** icon on the taskbar. Tap or click the Tools button, and then tap or click **Internet** options. On the Privacy tab, under **Pop-up Blocker**, select or clear the Turn on **Pop-up Blocker** check box, and then tap or click OK.
- To leave pop-up blocker on and allow WITS to display pop-ups, Tap or click the Tools button, and then tap or click **Internet** options. On the Privacy tab, under **Pop-up Blocker**, select settings and then enter <https://me.witsweb.org> into the address of website to allow. Then click 'Add', then 'Close' and then tap or click OK.

## (Google Chrome)

- In the top-right corner, click the Chrome menu. Click **Settings**. Click **Show advanced settings**. Under "Privacy," click **Content settings**. Under "Pop-ups," select **Do not allow any site to show pop-ups (recommended)** or **Allow all sites to show pop-ups**.
- To allow WITS, follow the above except under "Pop-ups," select **Manage Exceptions** then add <https://me.witsweb.org>

## (Fire Fox)

- 1. While your browser is open, just click on the **Firefox** menu at the top left of your screen. Then, click **Preferences**.
- 2. A new menu box appears. First, click on **Content**. Next, uncheck **Block pop-up windows**. (Or click **Exceptions** and add <https://me.witsweb.org>)

## Login Credentials & Trainings

Please contact Johanna Buzzell to request a login for the WITS system or to schedule a training. Trainings can be done over the phone, internet or in person.

**Email:** [johanna.buzzell@maine.gov](mailto:johanna.buzzell@maine.gov)

**Phone:** (207) 624-7990

*\*Email is the preferred method of contact.\**

## **Section I – Logging In & Client Search**

- Logging In To WITS
- Homepage
- Client Search & Client List
- Adding a New Client Record & Editing Client Profile

# Logging In To WITS

The WITS URL is: <https://me.witsweb.org>

The screenshot shows the login interface for Maine-WITS. The header includes the WITS logo, the text 'Maine-WITS Web Infrastructure for Treatment Services', and the version number 'Version: 17.25.5'. The main content area is titled 'Login' and contains three input fields: 'User ID' with the value 'jbuzzell', 'Password' with masked characters, and 'PIN' with masked characters. A blue 'Go' button is positioned below the PIN field, and a link for 'Forgot your Password/PIN?' is located to the right of the 'Go' button. The footer of the page indicates it is 'Powered by WITS'.

Enter your username and password then click 'Go'. The PIN field will display. Enter your PIN and Click 'Go'. Your agency homepage will display.

*\*\*If you do not have a username and password, please contact the WITS Coordinator, Johanna Buzzell, at [johanna.buzzell@maine.gov](mailto:johanna.buzzell@maine.gov) or (207) 624-7990.\*\**

# Homepage

This is the screen displayed after logging into WITS.

17:25:5

**wits** Maine-WITS Logout

User: Buzzell, Johanna | Location: SAMHS, SAMHS Snapshot

**Home Page**

- State Waitlist
- Agency
- Group List
- Clinical Dashboard
- Client List**
- System Administration
- My Settings
- Reports
- Support Ticket

**Home**

**Announcements**

Actions	Summary	Posted Date	Start Date	Priority

**Alert List** Search in Agency

Actions	Alert Type	Client Name, ID	Applies To Staff	Message	Facility	Date Due

**Schedule for:** Start Date: 12/17/2015 End Date: Refresh Search Calendar Edit/Add Schedule

Actions	Start	End	Summary	Status

To begin the client activity process, select Client List from the menu tree. This will display the client search screen.

# Client Search

**\*\*NOTE:** This section contains the search parameters. These **are not** the 'required fields'.\*\*

## Client Search

The screenshot shows a search form with the following fields:

- Agency: SAMHS
- Facility: [Dropdown]
- First Name: [Text]
- Last Name: [Text]
- SSN: [Text] (indicated by a red arrow)
- DOB: [Text] (indicated by a red arrow)
- Maine-WITS Client Id: [Text]
- Unique Client Number: [Text]
- Provider Client ID: [Text]
- Treatment Staff: [Dropdown]
- Primary Care Staff: [Text]
- Case Status: All Clients [Dropdown]
- Intake Staff: [Dropdown]
- Other Number: [Text]
- Number Type: [Dropdown]
- Include Only Active Consents: Yes [Dropdown]

Buttons: Clear (red), Go (blue)

## Client List (Export)

Actions	Unique Client #	Full Name

You may enter the client's TDS number (DOB & Last 4), the SSN, DOB or the client's name.

**\*\*An asterisks (\*) is a 'wild card' in the system. For instance, if you know the client's last name starts with 'C', you would enter 'C\*' into the last name field and the system will display all clients with a last name starting with 'C'.**

Once you have entered your search information, select Go and the results will be displayed in the client list below.

- Home Page
- ▶ State Waitlist
- ▶ Agency
- ▶ Group List
- Clinical Dashboard
- ▼ Client List
  - ▶ Client Profile
  - Linked Consents
  - Non-Episode Contact
  - ▶ Activity List
  - Episode List
- ▶ System Administration
- ▶ My Settings
- Reports
- Support Ticket

### Client Search

Agency  Facility

First Name  Last Name

SSN  DOB

Maine-WITS Client Id

Unique Client Number  Provider Client ID

Treatment Staff  Primary Care Staff

Case Status  Intake Staff

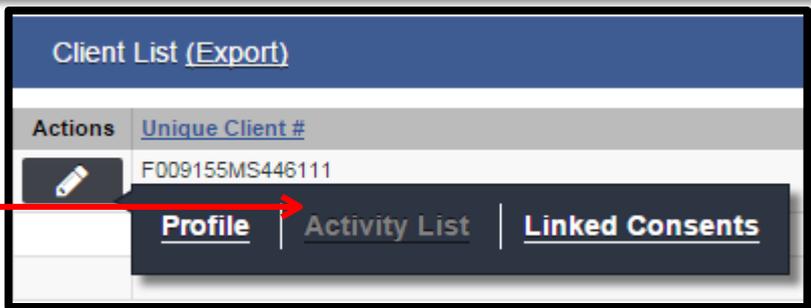
Other Number  Number Type

Include Only Active Consents

The client(s) will display here below the client search parameters.

Client List ( <a href="#">Export</a> )			
Actions	Unique Client #	Full Name	DOB
	F009155MS446111	smith, test	10/10/1961

If your client is displayed in the client list, hover your mouse over the pencil icon in the actions column, and select Activity List.  
 (\*If the client's name is displayed correctly, skip to **Section II** – **Client Intake**.)



\*If the client **did display** but displays '**TDS Client**' in the 'Name' field,  
**OR**  
 If your client **does not display** and needs to be added to the system for the first time, continue to: **Adding a New Client / Client Profile**.

# Adding a New Client / Client Profile



To add a new client into WITS select Add Client from the client list banner. This will display the client profile screen pictured below.

A screenshot of the 'Client Profile' form. The form is divided into two main sections: a left sidebar menu and a main content area. The sidebar menu is blue and contains the following items: Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List (expanded), Client Profile (expanded), Alternate Names, Additional Information, Contact Info, Collateral Contacts, Other Numbers, History, Allergies, Linked Consents, Non-Episode Contact, Activity List, and Episode List. The main content area is white and contains the following fields: First Name, Middle Name, Last Name, Suffix, Gender, DOB, SSN, Driver's License, Provider Client ID, Unique Client Number, State Client ID, Record Created By, Last Updated By, Created Date, Last Updated Date, Consent Decree?, and Has paper file. The fields for First Name, Last Name, Gender, DOB, and SSN are highlighted in yellow. A red arrow points from the 'Additional Information' menu item to the 'Save' button at the bottom of the form.

All highlighted fields need to be completed to successfully add the client.

**\*\*Please note: the Office of Substance Abuse and Mental Health Services is requesting that the client's full first and last name and full social security number be entered to the client's profile in order to ensure data accuracy.\*\***

Once these fields are completed, select Save, then select Additional Information from the menu tree.

*\*Alternate Names collects data that are not relevant\**

Additional Information collects the client's ethnicity, race and veteran status.

When selecting race, select the appropriate race(s), then click the **right** arrow to move the highlighted race into the selected race box.  
*\*\*Multiple race selections can be made by holding down 'Ctrl' on your keyboard and clicking theselections\*\**

Client: smith, test | F009155MS446111 Clear Client

### Additional Information

Ethnicity: 01-Not Hispanic or Latino

Races:

- 02-Black or African American
- 03-American Indian or Alaskan Native
- 04-Asian
- 05-Native Hawaiian or Other Pacific Islander
- 06-Other

Selected Races: 01-White

Special Needs:

- Hearing
- Language
- Physical
- Visual

Selected Special Needs:

General Client Comments:

Sexual Orientation:

Religious Preference:

English Fluency:

Preferred Language:

Interpreter Needed:

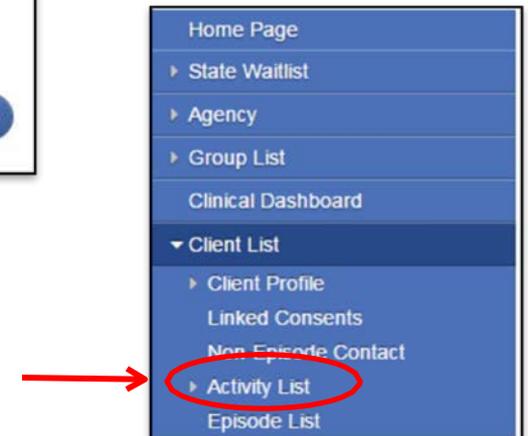
Veteran Status:

Citizenship:

Buttons: Cancel, Save, Finish, Left Arrow, Right Arrow

Once all of the required fields are completed, select Finish. This will bring you back to the client search screen.

You will then select Activity List from the menu tree to begin the intake process.



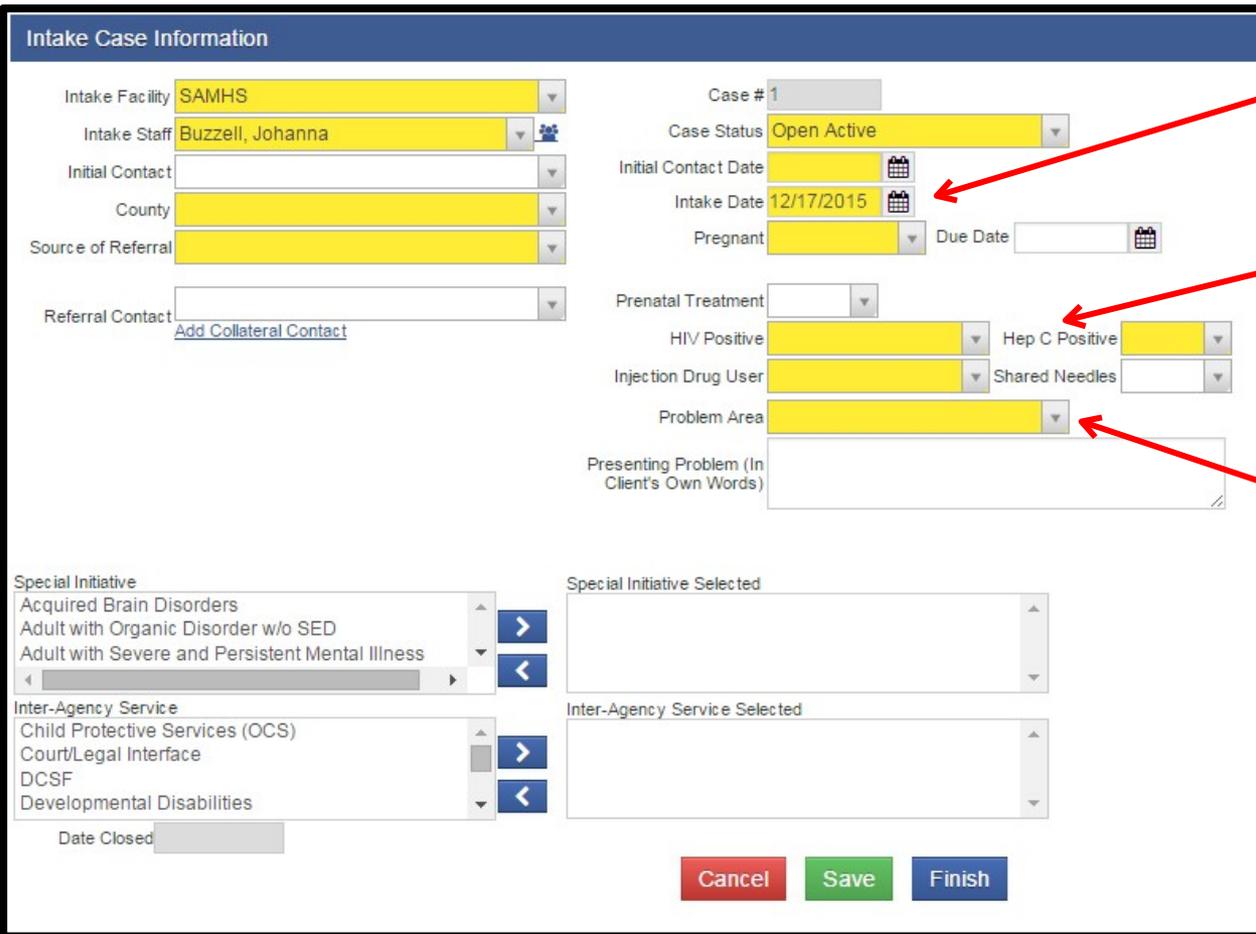
## Section II – Client Intake

- Start New Episode
- Intake Staff
- County of Residence
- Source of Referral
- Initial Contact Date (*Date of First Phone Call*)
- Intake Date (*First Face to Face*)
- Pregnancy Indicator
- HIV, Hepatitis C and IV Drug User Indicators
- Problem Area (*Substance Abuse, Affected Other/Co-Dependent or Evaluation Only*)

Once in the activity list, select Start New Episode to begin the client's intake.



Actions	Case #	Status	Facility	Intake By	Intake Date	Closed Date



**Intake Case Information**

Intake Facility: SAMHS  
Intake Staff: Buzzell, Johanna  
Initial Contact:   
County:   
Source of Referral:   
Referral Contact: [Add Collateral Contact](#)

Case #: 1  
Case Status: Open Active  
Initial Contact Date:   
Intake Date: 12/17/2015  
Pregnant:   
Due Date:   
Prenatal Treatment:   
HIV Positive:   
Hep C Positive:   
Injection Drug User:   
Shared Needles:   
Problem Area:   
Presenting Problem (In Client's Own Words):

Special Initiative  
Acquired Brain Disorders  
Adult with Organic Disorder w/o SED  
Adult with Severe and Persistent Mental Illness

Inter-Agency Service  
Child Protective Services (OCS)  
Court/Legal Interface  
DCSF  
Developmental Disabilities

Date Closed:   
Special Initiative Selected:   
Inter-Agency Service Selected:

Cancel Save Finish

**\*\*Intake Date** will automatically default to the date of entry. Please ensure this date is changed to reflect the actual **'first face-to-face'** date.\*\*

**HIV and Hep C fields** – if the client does not feel comfortable answering or states they have never been tested, selecting 'Unknown' is acceptable.

**Problem area** – this indicates whether the client is receiving an evaluation or S/A.

Once all highlighted fields are completed, select **Finish** and you will be returned to the activity list.

# Activity List

17.25.5  
WITS Maine-WITS  
User: Butzell, Johanna | Location: SAMHS, SAMHS  
Client: smith, test | F009155MS446111 | 1  
Clear Client

Client Activity List

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	12/14/2015	11/9/2015	Completed
	Intake Transaction	12/14/2015	12/18/2015	Completed

Callout boxes highlight the following data from the table:

- Actions:** Client Information (Profile), Intake Transaction
- Activity:** Client Information (Profile), Intake Transaction
- Activity Date:** 12/14/2015, 12/14/2015
- Created Date:** 11/9/2015, 12/18/2015
- Status:** Completed, Completed

The Activity List displays the transactions that have taken place for the client. The Activity Date indicates the start date of the transaction.

The Created Date reflects the date the transaction was created in WITS.

Status will display Completed if all required fields were entered.

*\*Note: If 'In Progress (Details)' is displayed in the status column, this indicates that information is missing.*

*Clicking on the Details link will display the missing information in a new window. (Please see Pop-Up Blocker section for instructions to allow WITS to display pop-ups **before** clicking on Details. **If you click this link without disabling your pop-up blocker you will be logged out of WITS.**)*

## **Section III - Admission**

### Subsections

- I. Profile
- II. Financial/Household
- III. Substance Abuse
- IV. Tobacco
- V. Legal
- VI. Program Enrollment

From the activity list, select Admission from the menu tree. This will display the admission profile page.

**Home Page**

- ▶ State Waitlist
- ▶ Agency
- ▶ Group List
- Clinical Dashboard
- ▼ Client List
  - ▶ Client Profile
  - Linked Consents
  - Non-Episode Contact
  - ▼ Activity List
    - Intake
    - Tx Team
    - ▶ Screening
    - ▶ Assessments
    - ▶ ASAM
    - ▼ Admission
      - Profile
      - Financial/Household
      - Youth
      - Substance Abuse
      - Tobacco
      - Legal
      - Assmt Scores
      - ASAM
      - Diagnosis
      - Program Enroll
      - Treatment Team
      - Diagnosis List

### Admission Profile

<b>Full Name:</b> Buzzell, Bentley	<b>Residence/Borough:</b> Kennebec
<b>Referral Source:</b> Self	<b>Race:</b> White
<b>Gender:</b> Male	<b>Ethnicity:</b> Not Hispanic or Latino
<b>DOB:</b> 1/28/1987	<b>Age:</b> 29

Basis for Decision

Potential Client for SA	<input type="text"/>	<input type="text"/>
Potential Client for MH	<input type="text"/>	<input type="text"/>
Potential Client for TBI	<input type="text"/>	<input type="text"/>

Est. Duration of TX (days)  Treating Here For

Client Type

Admission Type

Admission Staff

Admission Date

Affected/Co-Dependent

# of Prior SA TX Admissions	<input type="text" value="0"/>
# of SA Hospitalizations in Past 6 Months	<input type="text"/>
# of Prior MH TX Admissions in Past 12 Mo	<input type="text" value="0"/>
# of Prior MH Hospitalizations in Past 2 Yrs	<input type="text" value="0"/>
# of Months Since Last Discharge	<input type="text"/>
# Medical Tx at Physician/Clinic in Past 12 Mo	<input type="text" value="0"/>
# Hospital Emergency Room Admissions in Past 12 Mo	<input type="text" value="0"/>
# Medical Hospital Inpatient Admission in Past 12 Mo	<input type="text" value="0"/>
# Other Medical Tx Locations Admission in Past 12 Mo	<input type="text" value="0"/>

# of times the client has attended a self-help program in the 30 days preceding the date of admission to treatment services. Includes attendance at AA, NA, and other self-help/mutual support groups focused on recovery from substance abuse and dependence

In your lifetime, how many times have you gambled (bet) with money or possessions?

Has the money or time that you spent on gambling led to financial problems or problems in your family, work, school or personal life?

# Subsection I – Profile

User: Buzzell, Johanna | Location: Substance Abuse and Mental Health Services, SAMHS Test

Client: Boop, Betty | F319024OB319100 | 1 Clear Client

### Admission Profile

Full Name: Boop, Betty Residence/Borough: Kennebec  
Referral Source: Physician Race: White  
Gender: Female Ethnicity: Other Specific Hispanic  
DOB: 3/1/1990 Age: 26

Basis for Decision  
Potential Client for SA: Yes Based on Screening  
Potential Client for MH:   
Potential Client for TBI:   
Est. Duration of TX (days): Treating Here For: SA  
Client Type:   
Admission Type: Admission  
Admission Staff: Rogers, Anne  
Admission Date: 3/27/2015  
Affected/Co-Dependent: No

# of Prior SA TX Admissions	1
# of SA Hospitalizations in Past 6 Months	
# of Prior MH TX Admissions in Past 12 Mo	1
# of Prior MH Hospitalizations in Past 2 Yrs	0
# of Months Since Last Discharge	
# Medical Tx at Physician/Clinic in Past 12 Mo	0
# Hospital Emergency Room Admissions in Past 12 Mo	0
# Medical Hospital Inpatient Admission in Past 12 Mo	0
# Other Medical Tx Locations Admission in Past 12 Mo	0

# of times the client has attended a self-help program in the 30 days preceding the date of admission to treatment services. Includes attendance at AA, NA, and other self-help/mutual support groups focused on recovery from substance abuse and dependence  
01-No attendance in the past month

In your lifetime, how many times have you gambled (bet) with money or possessions?  
1-2 Times

Has the money or time that you spent on gambling led to financial problems or problems in your family, work, school or personal life?  
No

Client Reported Health Status:   
MH/MR Diagnosis: 00-None  
Education: 13-Freshman College  
Domestic Violence Survivor?: No

Cancel Save Finish

## Admission Type

Indicate whether the client is receiving 'Shelter/Detox' services. If the client is not, select 'Admission' from the drop down.

## Admission Date

Please note that this date will default to the date of entry. Ensure you are editing this date to reflect the actual admission date.

## Prior Admissions

Enter the number of admissions the client has for each location.

## Gambling Question

If a selection other than '0 Times' is chosen the system will require and highlight in 'bright yellow' the money question below it.

Once all fields are completed, select Save and **right arrow** to the Financial/Household sub-section.

## Subsection II - Financial/Household

Complete all highlighted fields and select Save, then right arrow twice to the substance abuse subsection.  
(The 'youth' screen does not collect data that are relevant.)

### Admission

#### Financial Info

Employment Status	<input type="text"/>	Primary Income Src	<input type="text"/>
Months Emp in Last 6 Months	<input type="text"/>	Expected Payment Src	<input type="text"/>
Employer	<input type="text"/>	Insurance Type	<input type="text"/>
Annual Household Income	<input type="text"/>		

Other Income Sources: 00-None, 01-Wages, 02-Retirement

Other Income Sources Selected:

#### Household Composition

Household Composition	<input type="text"/>	Marital Status	<input type="text"/>
Living Arrangement	<input type="text"/>	# of People Living With Client	<input type="text"/>

Relation to Client: Aunt(s), Brother(s), Daughter(s)

Living with Client:

# of Dependents (by Age Group): 0-12 Months, 13-35 Months, 3-5 Years, 6-12 Years, 13-17 Years

If the Client has dependent children, where are the children while the client was in treatment?

**\*\*Please note: If a number other than 0 (zero) is entered into any of the age group fields the child care during treatment field will become highlighted and required.**

Buttons: Cancel, Save, Finish, Left Arrow, Right Arrow

\*Note: These fields cannot be left blank. If the client does not have any children enter '0' (zero) in each field.

**Admission**

*(\*If only primary or secondary substances present, choose None in Substance dropdown.)*

**Substance Abuse**

Rank	Substance	Severity	Frequency	Method	Detailed Drug Code
Primary:	01-Alcohol		08-Daily	01-Oral	0100-Alcohol
Secondary:	00-None	N/A	00-Not Applicable	00-Not Applicable	0000-None
Tertiary:	00-None	N/A	00-Not Applicable	00-Not Applicable	0000-None

At what age did the client FIRST use the substances indicated above (if unknown, enter '97')  
 Primary 18 Secondary 96 Tertiary 96

# of DAYS since LAST use of the substances indicated above:  
 Primary Secondary Tertiary

# of Days Abstinent in Last 30 Days  
 # of Days in Support Group in Last 30 Days  
 # of Days Attended AA/NA/Similar Meetings in Last 30 Days

Other Addictions: Alcohol  
 Selected Other Addictions

Medication Assisted Tx? 01-None  
 Pharmacotherapy Planned No

Comments

Cancel Save Finish

Required fields for each substance listed:

\*Frequency \*Method \*Detailed drug code \*Age of first use

Medication Assisted Treatment: If the client is receiving MAT, choose the medication type from the drop down or select 'None'.

Select Save and right arrow to the Tobacco Sub-section.

## Subsection IV – Tobacco

Indicate whether or not the client uses tobacco products.

If the client does NOT use tobacco, select No in the drop down, select Save then **right arrow** to Legal sub-section

If the client **is** currently using tobacco the following fields will become highlighted and required.

- Age of first use,
- Frequency and
- Route of administration

Complete the required fields, select Save and right arrow to Legal sub-section.

The screenshot shows a form titled "Tobacco / Nicotine" with the following fields and controls:

- Does Client Currently Use Tobacco?**: A dropdown menu with "Yes" selected and highlighted in yellow.
- Smoker Status**: A dropdown menu.
- Age of First Use**: A text input field highlighted in yellow.
- In the past 30 days, what tobacco/nicotine product did you use most frequently?**: A dropdown menu.
- Other (Please Describe)**: A text input field highlighted in grey.
- In the past 30 days, how often did you use tobacco/nicotine product(s)?**: A dropdown menu highlighted in yellow.
- Route of Administration**: A dropdown menu highlighted in yellow.

At the bottom of the form are four buttons: "Cancel" (red), "Save" (green), "Finish" (blue), and two circular navigation buttons (left and right arrows).

## Subsection V – Legal History

The screenshot shows a software interface for 'Admission'. On the left is a blue navigation menu with the following items: Client Profile, Linked Consents, Non-Episode Contact, Activity List (with sub-items Intake, Tx Team), Screening, Assessments, ASAM, Admission (with sub-items Profile, Financial/Household, Youth, Substance Abuse, Tobacco, Legal, Assmt Scores, ASAM, Diagnosis, Program Enroll, Treatment Team). The main content area is titled 'Admission' and contains a 'Legal History' section. This section has two dropdown menus: 'Legal Status' (with options 03-Awaiting Court, 07-Deferred Disposition, 06-Driver's license revocation (Not Deep Involved), and 05-...), and 'Selected Legal Status' (with option 00-No Legal Involvement). Below these are several input fields: 'Domestic Violence Offender?' (dropdown set to 'No'), '# of Arrests in Lifetime' (empty), '# of Arrests in Past 12 Months' (0), '# of Arrests in Past 30 Days' (0), and '# of OUI Arrests in Past 12 Months' (0). At the bottom, there are two more dropdowns: 'Will Client Use Tx/Evaluation to Satisfy DEEP Requirements?' (set to 'No') and 'DEEP Status' (empty). At the very bottom are buttons for 'Cancel', 'Save', 'Finish', and a back arrow.

Indicate the client's current legal status by selecting a status from the left box and clicking the arrow to move it into selected box.

If Treatment to Satisfy DEEP is **Yes** the client's DEEP Status will be required.

Complete all highlighted fields and select Save, then select Program Enroll from the menu tree.

## Subsection VI - Program Enrollment

The top portion of the program enrollment screen contains search fields where you are able to enter parameters to search for previous enrollments. *\*\*Please note that the date range has a default of the **prior** year. If you are entering an enrollment that is more than 1 year prior to the date of entry, it **will not** display in the enrollment list unless you change the parameter date.*

Program Enrollment

Program Name  Facility

Modality

From:  To:

Active Program Enrollments During Date Range

[Clear](#) [Go](#)

The bottom portion will contain all of the programs associated with the client's current admission record.

Program Enrollment List [Add Enrollment](#)

Actions	Program Name	Start Date	End Date	Facility	Notes

[Finish](#) [←](#) [→](#)

To add a new program enrollment, select [Add Enrollment](#) from the [Program Enrollment List](#) banner.

**Program Enrollment Profile**

Facility: SAMHS

Program Name: [Yellow Highlighted]

Program Staff: Buzzell, Johanna

Termination Reason: [Empty]

Notes: [Empty]

Days on Wait List: [Empty]

Start Date: 7/14/2016

End Date: [Empty]

Agreement #: [Empty]

Buttons: Cancel, Save, Finish

Select the appropriate program from the dropdown and indicate the start date of the program.

*\*\*Please note that the 'Start Date' will default to date of entry. Please ensure this date is being changed to the actual treatment start date for the corresponding program.*

Once completed, select Finish. You will be returned to the program enrollment screen. You will see the recently added enrollment in the bottom portion. Click 'Finish' and you will be returned to the client's activity list. **The client's admission is now complete.**

## **Section IV – Client Discharge**

- A. Encounter(s)
- B. Program Dis-enroll
- C. TEDS/NOMS Dis-enroll Status
- D. Discharge Profile
- E. Legal History
- F. Status Change Since Admission
- G. Substance Abuse
- H. Tobacco

## Sub-Section A – Encounters

- Adding an encounter is the first step in the discharge process. The Encounter section of WITS was previously collected on the yellow TDS discharge form. This is where the unit and charge information are collected.
- **If you are a SAMHS contracted or MaineCare reimbursable agency**, an encounter record should be recorded by the 15<sup>th</sup> of each month totaling all units used by the client in the previous month. This eliminates the need for the monthly Outpatient Service Delivery Reports to be sent via email. This will also ensure accuracy of quarterly performance and units met reports.
- **PLEASE NOTE:** The system **will not prompt** you to enter an encounter. You are able to complete an episode of care in WITS without the system advising you to enter an encounter record. **The Encounter information is required for state and federal reporting.** Please ensure that you are creating an encounter record for each client prior to discharge.

## Adding an Encounter

In the menu tree, select Encounters and the encounter screen pictured below will be displayed.

Similar to the program enrollment page, the top portion contains search parameters that default to one year prior to date of entry. The lower portion contains the list of encounters associated with the current episode.

The screenshot shows the 'Encounter Search' interface. The search parameters are:

- Start Date: 12/21/2014
- End Date: 12/21/2015
- Rendering Staff: [Text Field]
- Service: [Dropdown Menu]
- Encounter Status: [Dropdown Menu]
- Program: [Dropdown Menu]
- Allow Disclosure of Note: [Dropdown Menu]

Buttons: Clear, Go

Encounter List (Export) [Add Encounter](#)

Actions	Svc Date	Service	ENC ID	Rendering Staff	Program Name	Status

To record a new encounter, select Add Encounter located in the Encounter List banner. The encounter profile page will then be displayed.



## Subsection B – Program Dis-Enroll

In order to discharge a client the program enrollment must be ended.

From the Activity List in the actions column, hover your cursor over the pencil icon for the Program Enrollment and select Review. This will display the client's program profile.

Client Activity List				
Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	12/14/2015	11/9/2015	Completed
	Intake Transaction	12/14/2015	12/18/2015	Completed
	Admission	12/18/2015	12/18/2015	Completed
	Client Program Enrollment (IOP)	12/18/2015	12/21/2015	Completed
	<b>Review</b> Summary	12/18/2015	12/18/2015	Completed
	Discharge	1/20/2016	1/20/2016	Completed
	Diagnosis Summary	1/20/2016	12/18/2015	Not Applicable

Substance Abuse and Mental Health Services, SAMHS Test

Client: Boop, Betty | F319024OB319100 | 1 Clear Client

This is the initial admission. The enrollment admission status values are collected on Admission screens.

### Program Enrollment Profile

Facility: SAMHS Test  
 Program Name: IOP TEST  
 Program Staff: Rogers, Anne  
 Termination Reason: 02-Treatment is Complete  
 Notes:

Days on Wait List:   
 Start Date: 3/27/2015  
 End Date: 5/1/2015  
 Agreement #:

### TEDS/NOMS Status at Program Enrollment (3/27/2015)

Enrollment Type: Initial Admission	DSM Diagnosis: <input type="text"/>
# of Arrests in Last 30 Days: 0	Marital Status: 02-Now Married/Cohabiting
Pregnant at Enrollment: No	Living Arrangement: 03-Dependent Living, With Others
Methodone Used as Part of Tx: No	Employment Status: 02-Part Time: 17-34 Hours
Psychiatric Problem in Addition to Alcohol/Drug Problem: 00-None	Highest Education Level Completed: 13-Freshman College
# of Times You Have Participated in a Self Help Group in the Last 30 Days: 01-No attendance in the past month	Primary Income Src: 01-Wages
	Expected Payment Src: 06-MaineCare (Medicaid)
	Health Insurance: 04-MaineCare (Medicaid)

Primary Drug	Secondary Drug	Tertiary Drug
Drug Type: 01-Alcohol	00-None	00-None
Detailed Drug: 0100-Alcohol	0000-None	0000-None
Freq of Use: 07-4-6 days per week	00-Not Applicable	00-Not Applicable
Route of Intake: 01-Oral	00-Not Applicable	00-Not Applicable
Age of First Use: 15	96	96

Actions: [Complete TEDS/NOMS Disenroll Status](#) [Enroll in Concurrent Program](#)

Cancel Save Finish

1. Add the End Date (Discharge Date)
2. Select the appropriate Termination Reason (Discharge Status)
3. Click Save
4. Click Complete TEDS/NOMS Disenroll Status

**\*\*Please Note: If the client is receiving an Evaluation you will not complete step 4. After selecting the termination reason, click 'Finish' and then select 'Discharge' from the menu tree.\*\***

## Subsection C – Complete TEDS/NOMS Disenroll Status

Complete all highlighted fields and select Save.

Then, select Discharge Client from the actions box at the bottom.

**TEDS/NOMS Status at Program Disenrollment (12/22/2015)**

Disenrollment Type: **02-Treatment is Complete** Agreement #

Last Face-to-Face Contact Date: **12/22/2015** 

Employment Status: **01-Full Time: >35 Hours**

Living Arrangement: **01-Independent Living, Alone, etc.**

# of Arrests in the Prior 30 Days: **0**

# of Times You Have Participated in a Self Help Group in the Last 30 Days: **01-No attendance in the past month**

Drug Type: Primary Drug: **01-Alcohol** Secondary Drug: **00-None** Tertiary Drug: **00-None**

Frequency of Use: **02-No Use Past Month** **00-Not Applicable** **00-Not Applicable**

**Actions**

[Discharge Client](#) [Transfer to another program](#)

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

## Subsection D – Discharge Profile

Complete the highlighted fields, scroll to the bottom and right arrow to subsection E – Legal.

**Note:** If you select Save you will receive an error message in red at the top of the page

✖ On the Substance Abuse screen, if primary substance is listed, the corresponding frequency cannot be blank, N/A or 96.

This error can be disregarded. You have not reached the Substance Abuse screen at this point.

*\*Please note: Type of Therapy refers to any therapy the client received during treatment. This is not type of therapy you recommended.\**

### Discharge Profile

Discharged   Date of Last Contact  

Discharge Staff  Discharge Referral

Reason

"Deliberate" Referrals (Other Than SA Tx)

# of times the client has attended a self-help program in the 30 days preceding the date of discharge from treatment services. Includes attendance at AA, NA, and other self-help/mutual support groups focused on recovery from substance abuse and dependence.

Did you recommend a self-help group?  Type of Therapy

### ASAM Criteria

Dimension	Level of Risk	Level of Care
1 - Acute Intoxication and/or Withdrawal Potential		
At Intake	<input type="text"/>	<input type="text"/>
At Discharge	<input type="text"/>	<input type="text"/>

At Discharge

## Subsection E – Legal

1. Enter the client's legal status at discharge by selecting a legal status in the left-hand pane then clicking the **right** arrow to move selection into the selected legal status box.
2. Indicate the number of OUI arrests during treatment.
3. Click the right arrow to subsection F – Status Change since Admission

Discharge

**Legal History**

Legal Status

- 01-Probation/Parole
- 02-Furloughed
- 03-Awaiting Court

Selected Legal Status

- 00-No Legal Involvement

# of Arrests in Prior 30 Days

# of OUI Arrests During Tx?

Cancel Save Finish ← →

## Subsection F – Status Changes Since Admission

Discharge

Status Changes Since Admission

Status At Admission	Status At Discharge
Pregnant	Pregnant
No	No
Marital Status	Marital Status
01-Never Married	01-Never Married
Living Arrangement	Living Arrangement
01-Independent Living, Alone, etc	01-Independent Living, Al...
Employment Status	Employment Status
01-Full Time: >35 Hours	01-Full Time: >35 Hours
Primary Payment Source	Primary Payment Source
05-Self-Pay	05-Self-Pay
Health Insurance	Health Insurance
21-None	20-Other (e.g. TRICARE)
County of Residence	County of Residence
KC-Kennebec	KC-Kennebec
if the Client has dependent children, where are the children while the client was in treatment?	Where were the Dependent Children While the Client was in Tx?
	Participated in School or Training while in Tx?
	No

Cancel Save Finish ← →

Indicate any changes in the listed areas.

Once all fields are completed, **right** arrow to subsection G – Substance Abuse

## Subsection G – Substance Abuse

### Discharge

#### Substance Abuse

Rank	Substance	Severity	Frequency	Method
Primary:	01-Alcohol		02-No Use Past M...	01-Oral
Secondary:	00-None	N/A	00-Not Applicable	00-Not Applicable
Tertiary:	00-None	N/A	00-Not Applicable	00-Not Applicable

Was Methadone Maintenance Part of TX

Medication Assisted Tx?

#### Discharge Parameters

Discharge Status: Treatment	<input type="text"/>	Has the degree of presenting physical or psychological dependence on the alcohol and/or other drug substance(s) improved at discharge based on documentation in the Client's record?	<input type="text" value="Yes"/>
Post-Discharge Case Management	<input type="text"/>		
Prognosis	<input type="text"/>	MH/MR Diagnosis	00-None
Was a family member involved	<input type="text"/>	Was MH Service Received	<input type="text"/>
Was Concerned Person Involved	<input type="text"/>	Psychiatric Follow-up	<input type="text"/>
Codependent/Collateral	<input type="text"/>	How many psychiatric admissions to a hospital did the Client have during Tx?	0

Complete all highlighted fields, select Save, and then **right** arrow to subsection H – Tobacco.

## Subsection H - Tobacco



Tobacco / Nicotine

Does Client Currently Use Tobacco? Yes

Smoker Status

Age of First Use

In the past 30 days, what tobacco/nicotine product did you use most frequently?

Other (Please Describe)

In the past 30 days, how often did you use tobacco/nicotine product(s)?

Route of Administration

Cancel Save Finish ← →

Indicate if the client currently uses tobacco.

If no, click 'Finish'

If yes, indicate

- Age of first use
- Frequency
- Route of administration then click Finish.



Client is discharged. Do you want to close this case also?

Yes No

The above message will display if all information is complete. Click Yes and client is discharged.

# Frequently Asked Questions

## What is WITS?

Web Infrastructure for Treatment Systems (WITS) is a comprehensive management information system and full Electronic Health Record (EHR) that allows for client outcome evaluation.

Preliminary studies completed by Maine substance abuse service providers in the mid 1980's showed that approximately 50% of the clients who have received services will re-enter the substance abuse treatment system. WITS allows the State to assess client outcomes, trends, costs, etc., related to high and low use populations. The system also allows the State to assess health, economic, and social outcomes for the clients who do not re-enter the treatment system. In addition, WITS is capable of addressing needs and service outcomes as they relate to smaller and special needs populations.

The purpose of WITS is to provide specific admission and discharge data about an individual client stored by WITS under the unique client number. This data is then available for aggregation within WITS to produce output reports.

## Why do I have to report into WITS?

The Treatment Data System (currently known as WITS) was mandated by the State Legislature in P.L. 1983 c. 464. It is a vital management tool, used by the Office of Substance Abuse & Mental Health Services to provide:

- Documentation that clients were served and that services were delivered by community providers supported by state and federal substance abuse funds, in compliance with the legislatively approved budget and statutory mandates.
- Data on performance that is being jointly used by state and local agencies to manage services and funding.

WITS will also be used to meet the federal requirements of the Treatment Episode Data Set (TEDS). TEDS was established by the former National Institute on Alcohol Abuse and Alcoholism (NIAAA) now the United States Department of Health and Human Services Substance Abuse & Mental Health Services Administration (SAMHSA) and the National Institute on Drug Abuse (NIDA) to meet requirements specified in the Anti-Drug Abuse Act of 1988.

## Who should be reporting?

It is a federal requirement of the TEDS that any agency receiving state funds (including Federal Block Grant) must report all substance

abuse clients, regardless of the source of funding (including self-pay) for individual clients. Per licensing rule, If your agency is a Licensed Substance Abuse Agency, all your agency's substance abuse clients must be entered into WITS. Any agency/provider that is DEEP certified, Medicaid reimbursable, and/or methadone certified **must** complete WITS **on all clients** receiving those services.

### **What clients should be entered into WITS?**

If your agency, or if you are a private provider, and receive(s) any state or federal funds, **you must enter and complete** the WITS forms on all your substance abuse clients (substance abusers and affected others/co-dependents) if they meet the following criteria:

- Has a substance abuse related problem;
- Has completed the screening and intake process;
- Has been formally admitted for service;
- Has his or her own client record; and
- Is receiving service.

### **When should the information be entered and what happens if it is late?**

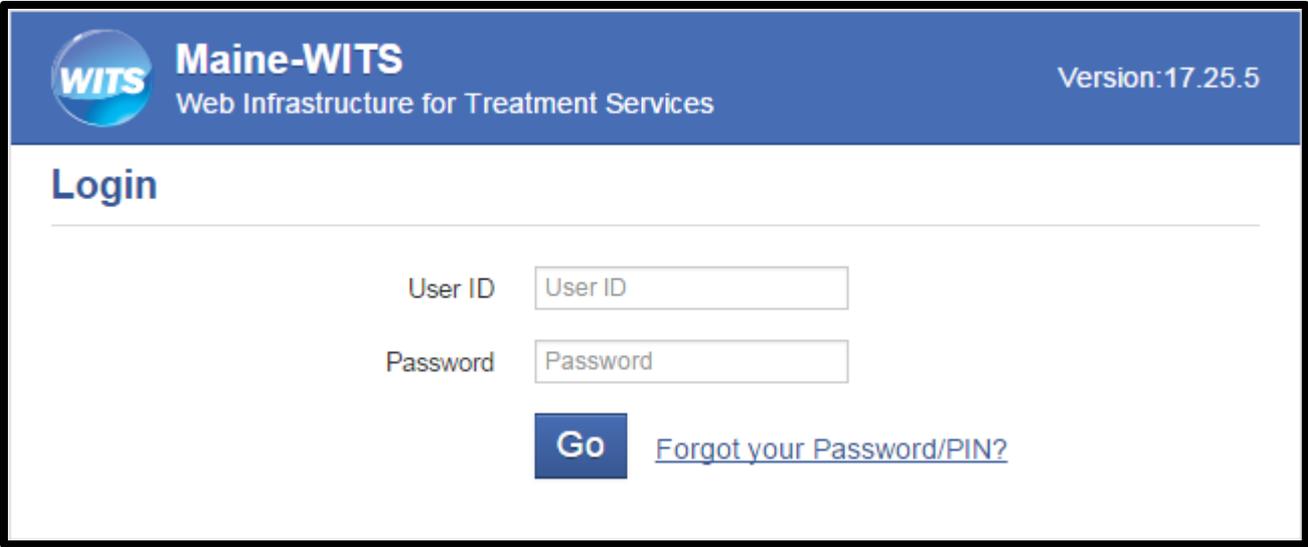
Admission Data should be entered within 15 days of the following month of client admission; and Discharge and program disenrollment entered within 15 days of the following month after discharge. Submission of WITS data is a contractual/certification/licensing requirement. Contract payments can be delayed if providers fail to submit data in a timely manner. Certification also depends on timely submittal and could result in revocation of the certification. Programs that consistently submit late data will be asked to prepare a written corrective action plan to rectify the situation. Not reporting in a timely manner may also have a negative impact on agency's performance reporting and may not accurately reflect the work they have accomplished. Not reporting in a timely manner or at all will be reported to MaineCare.

# Troubleshooting

## Q – I forgot myusername/password.

A- There is a 'Forgot password/PIN' link on the login screen. An email from **noreply@witsweb.org** will be sent to the email address on file with a temporary password and pin. When you log into the system you will be prompted to set up a new password and pin.

**\*\*Please note:** If you enter an incorrect password, pin or username **3 times, your account will be disabled** and you will need to contact your agency's WITS Administrator or the WITS Coordinator to have your account unlocked.\*\*



**WITS** **Maine-WITS** Version:17.25.5  
Web Infrastructure for Treatment Services

### Login

---

User ID

Password

**Go** [Forgot your Password/PIN?](#)

**Q – When I try to enroll a client, the program **drop down is empty. How do I get my programs added?****

**A –** When your practice was set up, the programs may not have been added into the system. Please contact the WITS Coordinator to set up your programs.

**Q- When I add an encounter and try to put in the number of units, the system gives me an error saying “*The unit count should equal (X) based on the start and end date that you entered.*”**

**A –** Take out the end date. The encounters should only have a start date. The system will automatically calculate the number of sessions based on the given timeframe. The only ‘End Date’ you need to enter is the ‘Program End Date’

**Q – When I am searching for a client it says “*No results match the search criteria*”, but I KNOW the client was admitted in TDS.**

**A –** First, try searching using ONE identifier. (e.g. DOB or last 4 of SSN) The smaller the parameter, the broader the results will be. If the client still does not display, check with the WITS Coordinator on whether or not the client was migrated over. There were some clients that did not get moved over to WITS from TDS due to some discrepancies in their admission or discharge data.

## **Quick Reference**

## Client Search/Admission

- Client List → Enter last 4 of SSN, DOB or Unique Client number → Activity List → Start New Episode
- Intake Case Information → Fill in all Yellow fields → **Finish**
- Admission (Menu Tree) → Fill in Yellow → **Save & Right Arrow**
  - Profile (**Save & Right Arrow**)
  - Financial Household (**Save & Right Arrow X2**)
  - Substance Abuse (**Save & Right Arrow**)
  - Tobacco (**Save & Right Arrow**)
  - Legal (**Save → Select Program Enroll from Menu Tree**)
- Add Enrollment → Fill in Yellow → **Finish → Finish**

## Discharge

- Encounter (Menu Tree) → Add Encounter → Fill in Yellow → **Finish → Finish**
- Client Program Enrollment (On Activity List) → End Date → Termination Reason → **Save** → Complete TEDS/NOMS Dis-enroll Status Link
- Fill in Yellow → **Save** → Discharge Client Link
- Fill in Yellow → **Right Arrow**
  - Profile (**Right Arrow**)
  - Legal (**Right Arrow**)
  - Status Changes Since Admission (**Right Arrow**)
  - Substance Abuse (**Save & Right Arrow**)
  - Tobacco (**Finish**)
- Client is now discharged. Do you want to close this case also? → **Yes**

## Forms

Forms are included in this manual and are also accessible on the SAMHS website. <http://www.maine.gov/dhhs/samhs/osa/data/tlds/forms.htm>