

# UWITS Tip Sheet

## Admission

Admission   Outcome Measures/ASAM   Program Enrollment

This tip sheet focuses on the elements required to admit a client to a facility and enroll a client in a program.

Total Pages: 6



UWITS

# Admission

## Admission Profile

1. In order to initiate the Admission process, you must complete the Client Profile and Intake screens (open an Episode of Care).

2. **Entry Steps:** Login, Select Facility, Select Client List from left Menu Bar to generate the Client Search Screen, find client, and click **Activity List**.

3. From the left menu bar, click **Admission**.

4. Complete all the yellow system and state required fields. All other white fields may not be required by UWITS but may be required by your agency. Therefore, check with your program administrator about other fields required by your agency.

**Note:** All required field's dark or light yellow. Return to the Client Profile screen to correct client information inaccuracies, i.e., name, DOB, etc.

5. When the Admission is complete, click **Finish**.  
**Note:** clicking Next will save each screen.

This information prefills from the Client Profile screen, to edit this information, go back to the Client Profile screen, make the changes and then return to the Admission screen.

The screenshot shows the 'Admission Profile' screen in the UWITS Training system. The left navigation menu has 'Admission' selected. The main content area displays the following information:

Full Name: America, Captain	Residence/Borough: BEAVER
Referral Source: Individual Includes Self	Race: White
Gender: Male	Ethnicity: Not of Hispanic Origin
DOB: 7/14/1922	Age: 93
Admission Type: 1-Initial Admission	
Admission Staff: Roach, Brian, LCSW-C	
Admission Date: 8/20/2011	

At the bottom right, there are three buttons: 'Cancel' (red), 'Save' (green), and 'Finish' (blue with a right arrow). A blue oval highlights the client information fields, and a blue arrow points from the text above to this oval. Another blue arrow points from the 'Admission' menu item to the 'Finish' button.

## SUD Outcome Measure Requirements:

**Outcome Measures - Client Status**

Date:  Type: Update  
 Pregnant/No:  Due Date:

Domains: Mental Health | Selected Domains: Substance Abuse

**Profile**

Codependent/Collateral:  Co-Occurring SA and MH Problem:  # of Days on Waitlist:   
 Medication Assisted Tx:  SMI/SED Status:  # of Prior SA Tx Episodes:   
# 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

Previous MH Tx:  Previous MH Tx at UT State Hospital:   
 Previous MH Tx at this Health Center:  Atypical Medication Used:

**Education**

Education Status:  **Enrolled in Education**

**Financial/Household**

**Current Employment Status**:   
**Funding Source**:   
 Primary Income Source:   
 Client Health Insurance:   
**Living Arrangement**:   
 Household Monthly Income:   
 Expected Payment:   
 Marital Status:   
 Client's Monthly Gross:   
 Medicaid Eligibility Determined:   
 # of People Living With Client, including the Client:  # of Children Under 18 Living/Not Living w/Client:

**Legal**

**# of Arrests in Past 30 Days**:  Mental Health Legal Status:   
 Drug Court Participation:  # of Arrests in Last 6 Months:

Number of Arrests in the Past 6 Months Due to:  
 DWI/DUI:  Crimes Against Property:  Crimes Against Persons:   
 Other SA Offenses:  Other Offenses:  (e.g. Prostitution/Sex/Solicitation, Public Nuisance, Traffic Offense)

Legal History: 180 Day Commitment, 30 Day Commitment, 90 Day Commitment, Case Pending | Selected Legal History:

**Substance Abuse**

Rank	Substance	Severity	Frequency	Method	Detailed Drug Code
Primary:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Secondary:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tertiary:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

At what age did the client FIRST use the substances indicated above (if unknown, Primary enter 97)?  
 Primary:  Secondary:  Tertiary:   
 # of DAYS since LAST use of the substances indicated above: Primary:  Secondary:  Tertiary:

**Tobacco/Nicotine**

**Have you ever used Tobacco/Nicotine products?**:   
 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)?

Complete an Outcome Measure for every Enrollment & Disenrollment or change in Level of Care to capture ongoing changes in life events and other key data elements.

**Client Status:** (Fields in yellow are required for State reporting and must be completed prior to any program enrollment/disenrollment.)

-Type: Initial, Update or Final

**Profile:**

-Codependent/Collateral: Child of parent in Treatment

-Co-Occurring SA & MH Problem: client has a psychiatric problem in addition to alcohol or drug use problem.

-# of Days on Waiting List: # days from assessment or change in LOC to new program enrollment.

-Medication Assisted Tx: use of methadone, LAAM, Buprenorphine or other opioid replacement therapy as part of client's TX Plan.

-# of Prior SA Tx Episodes: # previous TX episodes client received in drug or alcohol program (only since 1/1/1990)

-# of times the client has participated in a self-help program in 30 days: clients participating in drug or alcohol self-help groups, support groups 30 days prior to TX.

**Education:**

-Education Status: Highest level of education completed.

-Enrolled in Education: Yes/No (Unknown not allowed)

**Financial/Household:**

-Current Employment Status: employment status

-Funding Source: Expected Primary source of payment for TX

-Marital Status:

-Client's Monthly Gross:

-Medicaid Eligibility Determined:

-Primary Income Source:

-Client Health Insurance:

-Living Arrangement:

-Household Monthly Income:

-# of People Living With Client, including the client: # of legal family members with whom the client lives, including the client (Min = 1, Max = 10)

-# of Children Under 18 Living/Not Living w/Client: # of children, age 17 or less, by birth or adoption.

**Legal:**

-# of Arrests in Past 30 Days

-Drug Court Participation: which drug court, if any, is the client current involved

-# of Arrests in Past 6 Months (Sum of the "due to" fields below)

-Number of arrests in the past 6 months due to: (Enter arrests in most applicable area)

**Substance Abuse:**

-Substances: Primary, Secondary, Tertiary

-Severity: How severe the substance problem is for each substance listed.

-Frequency: # times indicated substance was used while client was **not in a controlled environment. (Verified by treatment staff)**

-Method: the way the client usually administers the indicated substance.

-At what age did the client FIRST use the substances indicated above: Use the actual age unless the related Substance is NONE. (Unknown is not an option)

**Tobacco/Nicotine:**

-Have you ever used Tobacco/Nicotine products?: Yes/No

-Smoker Status:

-Age of First Use: age first used tobacco ever (Enter 98 if never used)

Mental Health Specific Outcome Measure Requirements:

Outcome Measures - Client Status

Date  Type

Pregnant  Due Date

Domains: Substance Abuse  Selected Domains: Mental Health

At the beginning of MH episode and at change in life events an Outcome Measure needs to be collected. All MH OM must be reviewed once a year at a minimum.

Profile

Codependent/Collateral  Co-Occuring SA and MH Problem  # of Days on Waitlist

Medication Assisted Tx  SMI/SED Status  # of Prior SA Tx Episodes

\*# 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

Previous MH Tx  Previous MH Tx at UT State Hospital

Previous MH Tx at this Health Center  Atypical Medication Used

Education

Education Status  Enrolled in Education

Financial/Household

Current Employment Status  Primary Income Source

Funding Source  Client Health Insurance

Marital Status  Living Arrangement

Client's Monthly Gross  Household Monthly Income

Medicaid Eligibility Determined  Expected Payment

# of People Living With Client, Including the Client  # of Children Under 18 Living/Not Living w/Client

Legal

# of Arrests in Past 30 Days  Mental Health Legal Status

Drug Court Participation  # of Arrests in Last 6 Months

Number of Arrests in the Past 6 Months Due to:

DWI/DUI  Crimes Against Property  Crimes Against Persons

Other SA Offenses  Other Offenses  (e.g. Prostitution/Sex/Solicitation, Public Nuisance, Traffic Offense)

Legal History

180 Day Commitment

30 Day Commitment

90 Day Commitment

Case Pending

Selected Legal History

**Mental Health Specific data elements (fields with red underline).**

**SMI/SED Status:** Specify if client meets the criteria for either SED or SMI (SPMI is a subset of SMI), depending on age.

**Atypical Medication Used:** Was an atypical medication (Clozapine, Quetiapine, Olanzapine, Risperdone or Ziprasidone) prescribed at least once during the quarter?

**Expected Payment:**

- 1= **Medicaid**,
- 2= **NonMedicaid**: personal resources (full cost of services), private insurance, or Medicare,
- 3=**Unfunded**: contracted SLCo funded MH services and does not meet the definition of codes 1, 2, 4, or 5
- 4=**Medicaid not covered service** if the client is on the Medicaid monthly eligibility list but the service provided is not covered by Medicaid.
- 5=**Underfunded**, has funding (i.e., personal resources, insurance, Medicare, etc.) but it does not cover all services.

**Mental Health Legal Status:** All adult and youth commitments and youth NDFP commitments are to be reported here.

# Additional Helpful Hints

## Helpful Hints:

**A. Mover Boxes:** Simultaneously press the Ctrl key and use your mouse to make multiple selections. Use the right (top) arrow located between the mover boxes to transfer the selected items from the left box to the right. Use the left (bottom) arrow to transfer information from the right box back to the left box.

**B. Substance Abuse Matrix:** Once you have selected a substance, you must complete all yellow fields for Severity, Frequency, and Method to proceed in UWITS. **Note:** Please be sure to also document the corresponding “Age...” and “# of Days since First Use...” questions immediately below the substance matrix.

**C. ASAM:** Click the ASAM Notes hyperlink to reveal the ASAM definitions and examples. If your client’s Recommended Level of Care differs from the Actual Level of Care, you can perform a clinical override by using the Clinical Override and Comments fields.

**Races**

Races	Selected Races
1-Alaskan Native	3-Asian
2-American Indian	
4-Native Hawaiian or Other Pacific Islander	
5-Black/African American	
6-White	

**Substance Abuse Matrix**

Rank	Substance	Severity	Frequency	Method
Primary:	5-Heroin	Severe Problem/Dysfnc	5-Daily Use During Last	6-Nasal (Snorte)
Secondary:	4-Marijuana/Hashish	Moderate Problem/Dysfnc	5-Daily Use During Last	2-Smoking
Tertiary:	1-None	N/A	8-Not Applicable	8-Not Applicable

At what age did the client FIRST use the substances indicated above (if unknown, enter '97')

Primary  Secondary  Tertiary

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

**UWITS** | User: Vichan, Connie | Loc: Administrative Agency, Administrative Unit | Client: Client, New | NRC123150M | Case #: 1 | August 2010 | Print Menu | Logout

**ASAM - PPC2R**

Dimension	Clinical Summary	Severity	Level of Care
1 - Acute Intoxication and/or Withdrawal Potential		7.0	7.0
2 - Biomedical Conditions and Complications		7.0	7.0
3 - Emotional, Behavioral, or Cognitive Conditions and Complications		PV-01	PV-01
4 - Readiness to Change		PV-01	PV-01
5 - Relapse, Continued Use, or Continued Problem Potential		6-11	6-11
6 - Recovery / Living Environment		PV-01	PV-01

Recommended Level of Care:  Actual Level of Care:  Clinical Override:

Comments:

Administrative Actions:

ASAM Notes | Cancel | Save | Finish

**ASAM Notes**

\*ASAM dimensions interact with one another. Do not look at only the individual dimensions, but look at the interaction of dimensions.


EX: Chronic pain increases chance of relapse: If client has psyche diagnosis and is noncompliant with medication; this could increase the chance of relapse

## Program Enrollment List

From the Navigation Panel access Program Enrollments

Default program enrollment dates are set to the past 12 months. Additional criteria can be used to narrow search.

**ADD** Enrollments based on level of care and type of treatment (SUD or MH)

**Select** existing Enrollments to edit using the  icon

## Program Enrollment Profile

**Program Enrollment** will default to today's date but is editable. Make sure an Outcome Measure has been done no more than 14 days *prior* to an Enrollment **or** Disenrollment.

## SUD Program Disenrollment

**Program Dis-enrollments** vary slightly from SUD to MH.

Make sure an Outcome Measure has been done no more than 14 days *prior* to an Enrollment **or** Disenrollment.

Date of Last contact should be face to face and *not after*

## MH Program Disenrollment