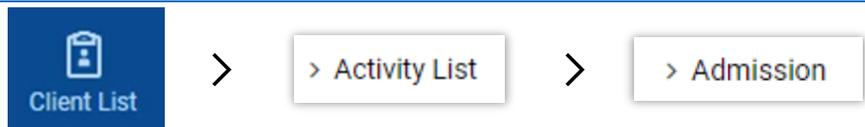


Setting up a client in UWITS includes several steps. First setup a Client Profile then complete an Intake. This Tip Sheet describes the remaining steps, beginning with Admission, which is followed by an Outcome Measure and a Program Enrollment.

Admission



Begin by searching for the client. Then hover over the action button (⋮) and select **Activity List**. If the client has a current episode then select **Admission** from the Navigation bar on the left. If not, refer to the Client Intake section in the Adding a New Client Tip Sheet for instructions on how to start a new episode first.

Admission Profile

Hide Context Information

Full Name Runner, Road	Residence/Borough SALT LAKE	Referral Source Individual Includes Self	Gender Male
DOB 5/27/2004	Age 16	Race Other Single Race	Ethnicity Not of Hispanic Origin

Admission Type: 1-Initial Admission | Admission Staff: Sachs, Andy | Admission Date: 4/19/2021

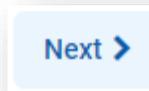
Admission

- Profile
- Youth
- Assmt Scores
- Treatment Team
- ASAM

The **Admission Type** field is usually “1-Initial Admission”. The “2-Transfer/ Change in Service” option is only used if this client has been transferred from another treatment program and/or another provider.

Complete all required fields plus any other fields required by your agency. Check with your Agency Navigator to learn more.

There are several screens in the **Admission** module.



Click **Next** to move to the next screen.

Tip! The information in the gray box is from the Client Profile. Return to the **Client Profile** after completing the Admission to make corrections.

Tip! If you fill in the Treatment Team screen—or if your Agency Navigator sets defaults for your facility—then your clinicians can use the **Clinical Dashboard** to check up on their clients quite conveniently.

Check out the documentation for the **Clinical Dashboard** to learn more.

When all needed data has been entered, click **Finish** to complete.

Treatment Team

+ Add Team Member Assign Group

Team Member Name	Is Primary Care Member?	Review Member	Role/Relation	Start Date	End Date	
Charlton, Emily	No	No	Case Manager	4/23/2021		⋮
Priestly, Miranda	No	Yes	Clinical Supervisor	4/23/2021		⋮
Sachs, Andy	No	No	Case Manager	4/23/2021		⋮

Profile

Staff Name Non Staff Name Add Collateral Contact

Role/Relation Start Date End Date Review Member

Primary Care Staff Deny Access to Client Records

Treatment Sub-Teams Recovery Selected Sub-Teams

Notes

Finish

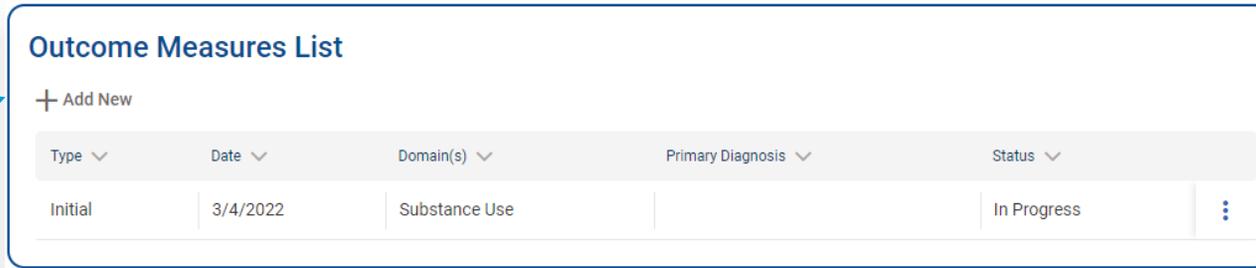
Once you have clicked **Finish**, UWITS gives the option to create an Outcome Measure and move directly into collecting this data. Click on the **Yes** button to start an Outcome Measure or **No** to continue later.

An Outcome Measures record will be required before Program Enrollment can be completed, would you like to collect the data at this time?

Yes



If you opt to start an Outcome Measure (OM) later, or if you need to create an additional OM for a client, begin by searching for the client. Hover over the action button (⋮) and select **Activity List**.



If the client has a current episode then select **Outcome Measures** from the blue Navigation bar on the left. If not, refer to the Client Intake section in the Adding a New Client Tip Sheet for instructions on how to start a new episode first.

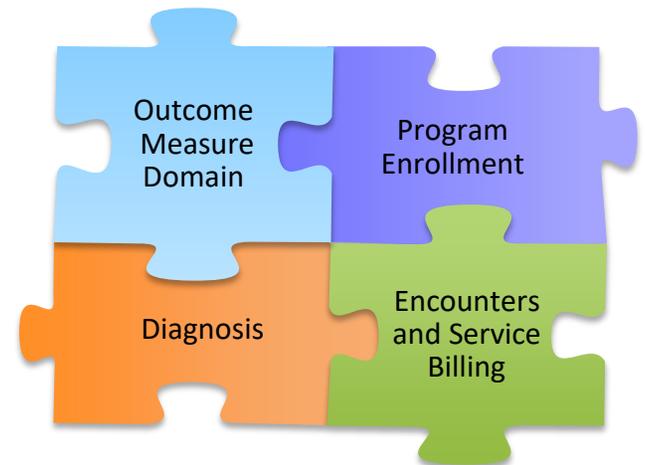
Click on **+ Add New**.

Outcome Measures

Outcome measures should be created in a timely manner to collect relevant information describing the client's status in specific areas, including:

- employment
- housing
- funding source
- substances
- self-help participation
- medication-assisted treatment
- drug court involvement
- arrests
- criminogenic risk

A recent **Outcome Measure (OM)** is required before a client can be enrolled in a program. All OM data should be reviewed at each client visit to determine if there have been changes. If so, a new OM should be completed. All required fields are highlighted with a colored or striped bar to the left, depending on the domain and type of OM.



Domain

The domain field specifies the area(s) of care that a client is receiving care for during that episode. Selecting the correct domain is foundational. The domain chosen in the **Outcome Measure** must match the domain of the intended **Client Program Enrollment (CPE)**.

Requirements for each domain are described in detail below. Sections are color-coded for clarity.

 **Substance Use Disorder (SUD)**
Page 5

 **Mental Health (MH)**
Page 16

 **Recovery Support Services (RSS)**
Page 26

Two Cautions about Outcome Measures

The data in the **Outcome Measure** should be accurate as of the **Outcome Measure Date**. If you later discover some of the originally entered information was incorrect, that data should be corrected.

Once a domain has been added to any **Outcome Measure** and saved then it **must** continue to be included in all future Outcome Measures until the end of that episode.

Reporting Differences by Domain

Substance Use Disorder (TEDS/NOMS) Domain

TEDS/NOMs Reporting has historically been enrollment-based and reports a snapshot at each Program Enrollment and Disenrollment. An Outcome Measure is linked to each enrollment and to each disenrollment. This will continue. In addition, all applicable billed encounters will begin to be submitted in FY 2021.

Important! It is important to note that this means the Program Enrollment (CPE) controls when enrollment information is updated in reporting. For example, updating whether to report a client's data by changing the Funding Source in an Outcome Measure doesn't work. When the client should begin (or cease) being reported, a Program Enrollment is required.

Mental Health (MHE) Domain

MHE Reporting is service-based and reports a snapshot of all billed encounters. All Outcome Measures are relevant; the Outcome Measure previous to each encounter is reported in the MHE data.

Recovery Support Services

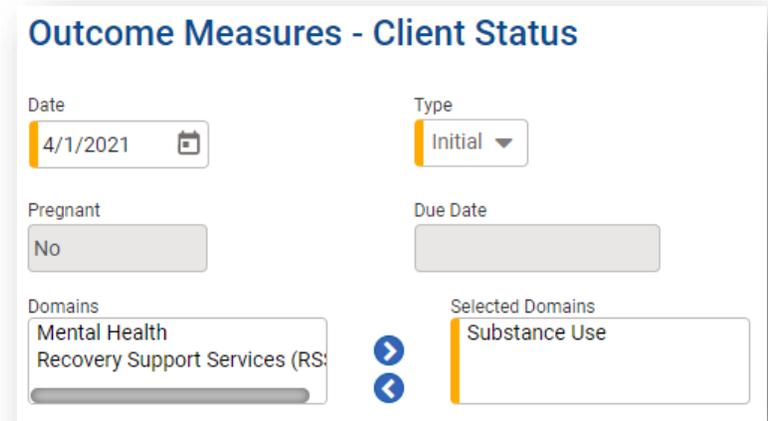
Recovery Support Services provide cost-effective, targeted supports which help clients bridge specific gaps that empower continued progress in their recovery. Outcome Measure requirements are minimal and no ASAM is required.

Required Components for Each Domain

	Substance Use Disorder	Mental Health	Recovery Support
Outcome Measure	✓	✓	✓
ASAM	✓	✗	✗
Client Diagnosis	✓	✓	✓
Program Enrollment	✓	✓	✓

Requirements for Substance Use Disorder

Outcome Measure Section: Client Status



Outcome Measures - Client Status

Date: 4/1/2021

Type: Initial

Pregnant: No

Due Date:

Domains: Mental Health, Recovery Support Services (RS)

Selected Domains: Substance Use

Field Name	Description
Date	The date of an Outcome Measure should reflect the date at which the data in the Outcome Measure is effective.
Type	Choose Initial for the client's first Outcome Measure, Update for all subsequent OMs until the end of the episode, which should be marked Final .
Pregnant	Please note that this field is grayed out if the client is a male. If the client is female and pregnant then Due Date is also required.
Selected Domains	Select Substance Abuse .

Outcome Measure Section: Profile

Profile

Codependent/Collateral

Yes No

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

Field Name	Description
Codependent/Collateral	Yes is only allowed for a child of a parent in treatment. Do not use for any other instance.
Co-Occurring SA and MH problem	Yes indicates the client has a psychiatric problem in addition to an alcohol or drug use problem.
# Days of Waitlist	Number of days from the assessment to entering Treatment. You may need to take into consideration the assessment date from a client referred in from another agency.
Medication Assisted Tx	Indicate use of Methadone, Naltrexone, Buprenorphine, Vivitrol, Oral Naltrexone, Suboxone or other opioid replacement therapy here if planned or utilized as part of the client's treatment at your agency.
# of Prior SA Tx Episodes	Previous treatment episodes client received in drug or alcohol program (only since 1/1/1990).
# of times the client has attended a self help program in the last 30 days...	Clients participating in drug or alcohol self-help groups, support groups 30 days prior to the date of the OM.

Outcome Measure Section: Education

Education

Education Status

Enrolled in Education

Field Name	Description
Education Status	Highest level of education completed .
Enrolled in Education	Enrolled in an education program that upon completion issues a degree or certificate.

Outcome Measure Section: Financial/ Household

Financial/Household

<p>Current Employment Status <input type="text" value="2-Employed-Part Time"/></p> <p>Funding Source <input type="text" value="4-Medicaid"/></p> <p>Marital Status <input type="text" value="1-Never Married"/></p> <p>Client's Monthly Gross <input type="text" value="\$1,530.00"/></p> <p>Medicaid Eligibility Determined <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p># of People Living With Client, Including the Client <input type="text" value="1"/></p>	<p>Primary Income Source <input type="text" value="1-Legal Employment, Wages, Salary"/></p> <p>Client Health Insurance <input type="text" value="4-Medicaid"/></p> <p>Living Arrangement <input type="text" value="2-Private Residence - Independent"/></p> <p>Household Monthly Income <input type="text" value="\$0 - \$9997"/></p> <p>Expected Payment <input type="text"/></p> <p># of Children Under 18 Living/Not Living w/Client <input type="text" value="0"/></p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Field Name	Description
Current Employment Status	Employment status
Primary Income Source	The client's primary income source
Funding Source	Expected primary source of payment for treatment
Client Health Insurance	Client's primary insurance source
Marital Status	Client's legal marital status
Living Arrangement	At an Initial OM, report the client's living situation for the majority of the last 30 days before treatment. For all Update OMs, report the client's living situation for the majority of the last 30 days prior to the OM Date. At the Final OM report the client's living situation after treatment.
Client's Monthly Gross	The total of all legal monthly Household income for the household in which the client resides
Household Monthly Income	Select the range that includes the total of all legal monthly Household income for the household in which the client resides
Medicaid Eligibility Determined	Has the Medicaid eligibility for this client been determined?
# of People living with Client, Including the Client	# of legal family members with whom the client lives; include the client (Min = 1, Max = 10)
# Number of Children Under 18 Living/Not Living w/Client	# of children, age 17 or less, by birth or adoption

Outcome Measure Section: Legal

Legal

Compelled To Tx

Drug Court Participation

of Arrests in Past 30 Days

Criminogenic Risk

Mental Health Legal Status

of Arrests in Last 6 Months

Field Name	Description
Compelled to Tx	Has the client been compelled to pursue treatment?
Criminogenic Risk	Criminogenic risk level as determined by the validated tool approved in your Justice Certification Plan. Required for all clients that are reported as Justice Involved.
Drug Court Participation	Drug court with which the client is currently involved, if any.
# of Arrests in Past 30 Days	# of times client has been arrested in the last 30 days.
# of Arrests in Past 6 Months	# of times client has been arrested in the last 6 months.

Outcome Measure Section: Substance Abuse

Substance Use

Rank	Substance	Severity	Frequency	Method	Detailed Drug Code
Primary:	4-Marijuana/Hashish	Moderate Problem/Dysfnc	3-1-2 Times Per We...	1-Oral (S...	
Secondary:	1-None	N/A	8-Not Applicable	8-Not Applicable	N/A
Tertiary:	1-None	N/A	8-Not Applicable	8-Not Applicable	N/A

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

Primary	Secondary	Tertiary
33	96	96

of DAYS since LAST use of the substances indicated above:

Primary	Secondary	Tertiary

Field Name	Description
Primary Substance	Client's Primary, Secondary, Tertiary substance use
Severity	How serious 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.
Repeat for Secondary and Tertiary Substances, as relevant. Indicate 1-None to indicate no additional substances reported.	
At what age did the client FIRST use the substance indicated above...	Age of first use for Primary, Secondary and Tertiary substances (as relevant). Although unknown is listed as an acceptable answer, use the actual age unless the related Substance is None.

Outcome Measure Section: Tobacco/Nicotine

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)?

Field Name	Description
Have you ever used Tobacco/Nicotine products?	Please answer Yes or No.
Smoker status?	<i>Please include all Nicotine Use in this answer.</i> Only relevant options for this question are shown. That is, if a client indicates that they have never used Tobacco/Nicotine products then the answer to this question is automatically selected as “1-Never Smoked”. Otherwise, all other options are listed.
Age of First Use	Age first used tobacco/nicotine products
In the past 30 days, what tobacco/nicotine product did you use most frequently?	Please select the most accurate option.
Other (Please Describe)	Use this space to specify other tobacco/nicotine products when relevant.
In the past 30 days, how often did you use tobacco/nicotine product(s)?	Please select the most accurate option.

Outcome Measure – Treatment Summary

This is a summary screen. The Program Enrollment and Services Rendered section are auto-populated as the Episode progresses. The other elements on this screen are not required until services for a Domain are ending. At that time, determine whether **At Least 75% of Treatment Plan Goals Met** and select Yes or No. Fill in the treatment summary using either or both of the two large boxes on this screen, as relevant:

- Strengths, Abilities, Needs, and Preferences of Person Served – Client Statement Regarding Progress
- Recommendations

**RUNNER, Road** | 16

R9R052704M
UNIQUE CLIENT ID

1
CASE #

5/27/2004
DOB

Male
GENDER

road.runner@beepbeep.org
PREFERRED METHOD OF CONTACT

Home Page

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Support Ticket

Treatment Summary

Presenting Problem (In Client's Own Words)

At Least 75% of Treatment Plan Goals Met
 Yes No

Strengths, Abilities, Needs, and Preferences of Person Served - Client Statement Regarding Progress

Program Enrollment

Program Name	Start Date	End Date	Facility	Notes
TEDS 01_1.0_Youth	4/21/2021		Administrative Unit	

Services Rendered

Currently, there are no results to display for this list.

Recommendations

< Back Next > Save Save and Finish × Cancel

ASAM

Dimension

1 - Acute Intoxication and/or Withdrawal Potential

Level of Risk: Low

Level of Care: 6-II.0

Comments: Required fields must

2 - Biomedical Conditions and Complications

Level of Risk: Low

Level of Care: PV-0.5

Comments: be filled in

3 - Emotional, Behavioral, or Cognitive Conditions and Complications

Level of Risk: Low

Level of Care: 6-II.5

Comments: and saved

4 - Readiness to Change

Level of Risk: Low

Level of Care: 6-II.1

Comments: before the

5 - Relapse, Continued Use, or Continued Problem Potential

Level of Risk: Low

Level of Care: 6-II.1

Comments: Sign ASAM button

6 - Recovery / Living Environment

Level of Risk: Low

Level of Care: 6-II.5

Comments: will appear below.

Recommended Level of Care: 6-II.5

Actual Level of Care: 6-II.5

Clinical Override:

Comments:

< Back Next > Save Save and Finish x Cancel

Administrative Actions

Sign ASAM

Outcome Measure – ASAM

The ASAM screen must be completed and signed to complete the OM in UWITS—and before an SUD encounter can be released to billing.

Required fields have a colored or striped bar to the left. All required fields must be completed before the **Sign ASAM** link appears in the Administrative Actions box.

Caution! Make sure the ASAM has been completed accurately before signing. Once signed an ASAM can only be re-opened by a WITS Administrator under very specific circumstances.

Requests to reopen ASAMs should include the Outcome Measure date and will be reviewed by Clinical QA staff.

Each Outcome Measure has its own distinct version of the ASAM. This means that an existing ASAM will be copied forward into a new Outcome Measure—whether signed or unsigned. It is recommended to complete and sign all ASAMs before adding a new Outcome Measure. Otherwise each will have to be completed and signed separately.

If a Multi-Dimensional Assessment (MDA) has been completed and signed, the ASAM portion of the MDA can be copied into the Outcome Measure by using the provided link.

Outcome Measure – Diagnosis for Initial Outcome Measure

Diagnosis is required. To add a diagnosis to an Initial Outcome Measure, click **Edit Diagnosis** on the main Diagnosis screen. The **Effective Date** will align with the Outcome Measure date and time.

Client Diagnosis

Edit Diagnosis

Primary
F15.10-Other stimulant abuse, uncomplicated(ICD)

Secondary
▼

Tertiary
▼

Effective Date
4/19/2021

Time
12:00 AM

Expiration Date
▼

Time
▼

Diagnosing Clinician
▼

GAF Score
▼

Behavioral Diagnosis

Code ▼	Description ▼	Comments ▼	Principal ▼
F15.10	Other stimulant abuse, uncomplicated		Yes

Medical Diagnosis

Currently, there are no results to display for Medical Diagnosis .

Psychosocial Diagnosis

Currently, there are no results to display for Psychosocial Diagnosis .

< Back Next > Save Save and Finish × Cancel

Client Diagnosis

Type
▼

Diagnosis
Select an option

Principal Diagnosis
 Yes No

Comments
▼

× Clear Save

Once you select a value for the **Type** field, the available **Diagnosis** values will be filtered to the diagnoses relevant to that category.

Please note that when entering a diagnosis the **Principal Diagnosis** field defaults to No. Select the main Behavioral diagnosis to be the principal diagnosis and mark **Yes**.

Marking a diagnosis as Principal will shift that diagnosis to the Primary box at the top of the screen. Secondary and tertiary diagnoses may be selected in the subsequent dropdown boxes.

Click **Save** to save the diagnosis and add any additional diagnoses.

Each diagnosis you enter will appear in the section on the grid that matches the Type you selected.

When you have added all diagnoses, click **Save and Finish** to save.

Outcome Measure – Diagnosis for Update and Final Outcome Measures

After the initial Outcome Measure has been added, when adding a subsequent Outcome Measure, you may clone the most recent diagnosis relevant to the Outcome Measure date. To clone a diagnosis, click **Clone Diagnosis** on the main Diagnosis screen. The **Effective Date** will align with the Outcome Measure date and time.

UWITS then gives the option to clone the most recent diagnosis, including the date as part of the question. To either **Clone Diagnosis** or **Edit Diagnosis**, click **Yes**. Edit or add additional diagnoses then click **Save** or **Save and Finish** as needed.

Do you wish to access the prior diagnosis made on 6/22/2022 to Clone or Update (Edit) ?

Yes

× No

Click **No** to go back to the previous screen without entering a diagnosis. This leaves the diagnosis blank and the OM will be noted as “In Progress” until the diagnosis has been completed.

Each diagnosis entered will appear in the section on the grid that matches the Type selected.

Click **Finish** to complete the Outcome Measure when completed.

Client Diagnosis

Clone Diagnosis

Primary

Secondary

Tertiary

Effective Date

5/9/2022

Time

10:59 AM

Expiration Date

Time

Client Diagnosis

Edit Diagnosis

Primary

F10.929-Alcohol use, unspecified with intoxication, unspecified(ICD)

Secondary

Tertiary

Effective Date

5/9/2022

Time

12:00 AM

Expiration Date

Time

Diagnosing Clinician

Masters, Robyn

GAF Score

Behavioral Diagnosis

Code

Description

Comments

Principal

F10.929

Alcohol use, unspecified with intoxication, unspecified

Yes

< Back

Next >

Save

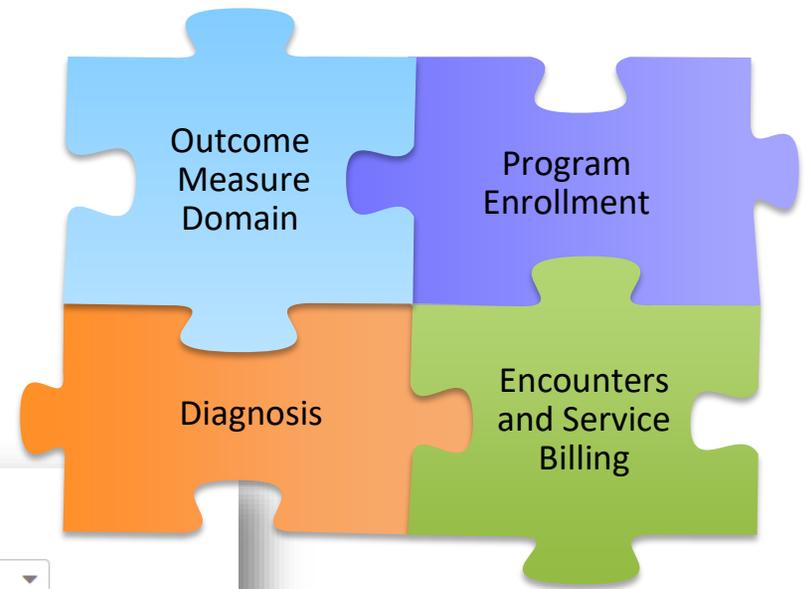
Save and Finish

× Cancel

Program Enrollment (SUD)

A client's Program Enrollment must match the Domain in their Outcome Measure. An Outcome Measure must have been completed recently—no more than 14 days prior to either an enrollment or disenrollment. A client's Program Enrollment must also match the Level of Care specified in their ASAM.

From the navigation panel, select **Program Enroll**. The search screen will default to showing program enrollments from the past 12 months. Click on the **Clear** button to remove the default search limitation. Add additional criteria to narrow a search. Click on the **Go** button to apply the search.



Select existing enrollments to edit Select existing enrollments to edit by hovering over the action button (⋮) and clicking on Review.

Click on the **+ Add Enrollment** link to add a new enrollment.

Program Enrollment

Program Name

Facility

Modality

Active Program Enrollments During Date Range

From To

Program Enrollment List

[+ Add Enrollment](#)

Program Name	Start Date	End Date	Facility	Notes	
TEDS 01_1.0_Youth	4/21/2021		Administrative Unit		⋮

At Enrollment

The Start Date will default to today's date but can be updated. It should not be future-dated. After services are rendered, do not edit the Start Date.

Select the appropriate Program Name. Verify that it is relevant to their assessed level of care, population and treatment domain (SUD, MH or RSS). Program Staff defaults to the user creating the enrollment; update as necessary.

At Disenrollment

Add the disenrollment date into the End Date field. Add the date of the last face-to-face with the client into the Date of

Tip! If an Outcome Measure has been added within 14 days but UWITS gives an error that an Outcome Measure must be completed, check to ensure that your Outcome Measure is in a **Completed** status.

Last Contact. Select the most appropriate Termination Reason and add notes as directed by your Agency Navigator.

A Discussion of each Termination Reason

1-Tx Completion	The client has completed his/her treatment episode. In most cases, this should mean that the client has completed at least 75% of their treatment objectives.
2-Left against Tx advice	The client has dropped out of the program before completion, as defined above.
3-Admin Termination	The client was discharged due to facility rule violations, criminal behavior, etc.
4-Transferred	This code is to be used for all clients who have a change of service or provider within the Salt Lake County provider network. This would include a change in modality of service (change to a higher or lower level of care) or a lateral-step due to program expertise.
5-Incarcerated	The client was discharged due to becoming incarcerated.
6-Deceased	The client has passed away while in treatment.
8-Treatment continued under different funding source	Client funding is classed into two groups: (a) reportable and (b) non-reportable. When funding changes from one class to another, the client must be disenrolled from their program and then re-enrolled. Non-reportable funding sources are: Non-County Client, Expansion Medicaid, and TAM Medicaid. All other funding sources are reportable.

Program Enrollment Profile

Facility	Administrative Unit	Domain	Substance Use	Start Date	4/21/2021
Program Name	TEDS 01_1.0_Youth	Level of Care	7-1.0	End Date	
Program Staff	Sachs, Andy	Enrollment Type	Initial Admission		
Termination Reason					
Notes					
<p>Caution! A client should not be disenrolled before the date of their last contact.</p>					
<p>Save Save and Finish Cancel</p>					

Requirements for Mental Health

Outcome Measure Section: Client Status

Outcome Measures - Client Status

Date:

Type:

Pregnant:

Due Date:

Domains:

Selected Domains:

Field Name	Description
Date	The date of an Outcome Measure should reflect the date at which the data in the Outcome Measure is effective.
Type	Choose Initial for the client’s first Outcome Measure, Update for all subsequent OMs until the end of the episode, which should be marked Final .
Pregnant	Please note that this field is grayed out if the client is a male. If the client is female and pregnant then Due Date is also required.
Selected Domains	Select Mental Health .

Outcome Measure Section: Profile

Profile

Codependent/Collateral Yes No

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

Recovery Capital Score

Field Name	Description
Co-Occurring SA and MH problem	Yes indicates the client has an alcohol or drug use problem in addition to a psychiatric problem.
# Days of Waitlist	The number of days spent waiting
SMI/SED Status	Does this client meet the criteria for either SED or SMI (SPMI is a subset of SMI), depending on age?
# of times the client has attended a self help program in the last 30 days...	Clients participating in self-help program 30 days prior to treatment.
Previous MH Tx	Has this client received previous Mental Health treatment?
Previous MH Tx at UT State Hospital	Has this client received previous Mental Health treatment at Utah State Hospital?
Previous MH Tx at this Health Center	Has this client received previous Mental Health treatment at your agency?
Atypical Medications Used	Has this client been treated with an atypical medication? <ul style="list-style-type: none"> <input type="radio"/> Aripiprazole (marketed as Ability) <input type="radio"/> Asenapine Maleate (marketed as Saphris) <input type="radio"/> Clozapine (marketed as Clozaril) <input type="radio"/> Iloperidone (marketed as Fanapt) <input type="radio"/> Lurasidone (marketed as Latuda) <input type="radio"/> Olanzapine (marketed as Zyprexa) <input type="radio"/> Olanzapine/Fluoxetine (marketed as Symbyax) <input type="radio"/> Paliperidone (marketed as Invega) <input type="radio"/> Quetiapine (marketed as Seroquel) <input type="radio"/> Risperidone (marketed as Risperdal) <input type="radio"/> Ziprasidone (marketed as Geodon)

Note: Codependent/Collateral is only answered Yes for a child of a parent in treatment. Do not use for any other instance.

Outcome Measure Section: Education

Education

Education Status

Enrolled in Education

Field Name	Description
Education Status	Highest level of education completed .
Enrolled in Education	Enrolled in an education program that upon completion degree or certificate is issued. Unknown is not allowed.

Outcome Measure Section: Financial/ Household

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

Yes No

Expected Payment

of People Living With Client, Including the Client

of Children Under 18 Living/Not Living w/Client

Field Name	Description
Current Employment Status	Current employment status
Funding Source	Expected Primary source of payment for treatment
Living Arrangement	At an Initial OM, report the client's living situation for the majority of the last 30 days before treatment. For all Update OMs, report the client's living situation for the majority of the last 30 days prior to the OM Date. At the Final OM report the client's living situation after treatment.
Expected Payment	What source is payment expected from?
# of People living with Client, Including the Client	# of legal family members with whom the client lives; include the client (Min = 1, Max = 10)
# Number of Children Under 18 Living/Not Living w/Client	# of children, age 17 or less, by birth or adoption.

Outcome Measure Section: Legal

Legal

Compelled To Tx

Drug Court Participation

of Arrests in Past 30 Days

Criminogenic Risk

Mental Health Legal Status

of Arrests in Last 6 Months

Field Name	Description
Compelled to Tx	Please select the most accurate option.
Criminogenic Risk	Derived from risk assessment tool.
Mental Health Legal Status	Civilly Committed? Yes or No
# of Arrests in Past 30 Days	# of times client has been arrested in the last 30 days.
# of Arrests in Past 6 Months	# of times client has been arrested in the last 6 months.

Outcome Measure Section: Substance Abuse

This section is not required for the Mental Health domain.

Substance Use

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

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

Primary <input type="text"/>	Secondary <input type="text"/>	Tertiary <input type="text"/>
---------------------------------	-----------------------------------	----------------------------------

of DAYS since LAST use of the substances indicated above:

Primary <input type="text"/>	Secondary <input type="text"/>	Tertiary <input type="text"/>
---------------------------------	-----------------------------------	----------------------------------

Outcome Measure Section: Tobacco/Nicotine

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)

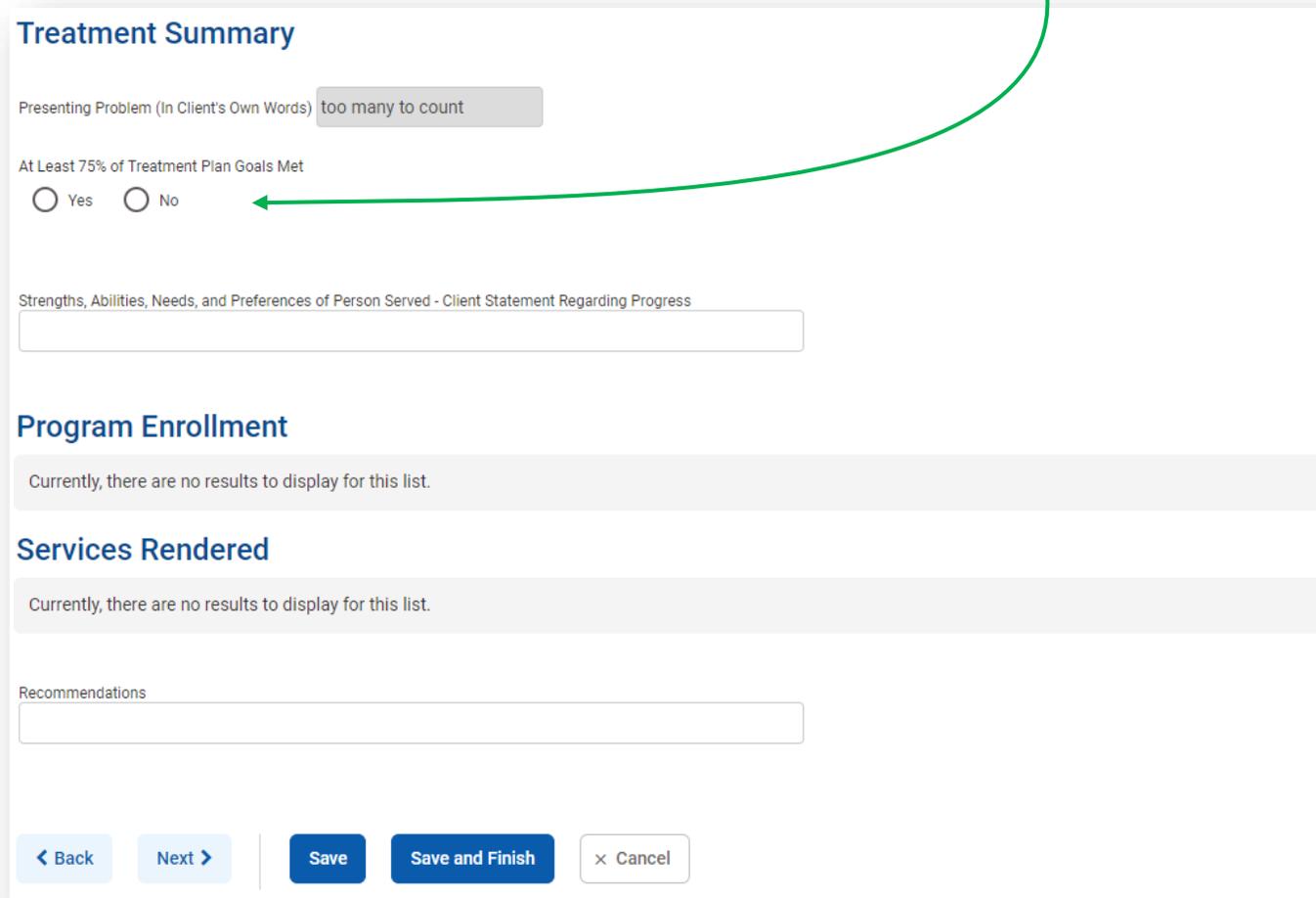
In the past 30 days, how often did you use tobacco/nicotine product(s)?

Field Name	Description
Have you ever used Tobacco/Nicotine products?	Please select Yes or No.
Smoker status?	Only relevant options for this question are shown. That is, if a client indicates that they have never used Tobacco/Nicotine products then the answer to this question is automatically selected as "1-Never Smoked". Otherwise, all other options are listed.
Age of First Use	Age first used tobacco ever (Enter 98 if never used)
In the past 30 days, what tobacco/nicotine product did you use most frequently?	Please select the most accurate option.
Other (Please Describe)	Use this space to specify other tobacco/nicotine products when relevant.
In the past 30 days, how often did you use tobacco/nicotine product(s)?	Please select the most accurate option.

Outcome Measure – Treatment Summary

This is a summary screen. The Program Enrollment and Services Rendered section are auto-populated as the Episode progresses. The other elements on this screen are not required until services for a Domain are ending. At that time, determine whether **At Least 75% of Treatment Plan Goals Met** and select Yes or No. Fill in the treatment summary using either or both of the two large boxes on this screen, as relevant:

- Strengths, Abilities, Needs, and Preferences of Person Served – Client Statement Regarding Progress
- Recommendations



Treatment Summary

Presenting Problem (In Client's Own Words)

At Least 75% of Treatment Plan Goals Met

Yes No

Strengths, Abilities, Needs, and Preferences of Person Served - Client Statement Regarding Progress

Program Enrollment

Currently, there are no results to display for this list.

Services Rendered

Currently, there are no results to display for this list.

Recommendations

|

Outcome Measure – ASAM

An ASAM is not required for the Mental Health Domain Outcome Measures or Program Enrollments.

ASAM

Dimension

1 - Acute Intoxication and/or Withdrawal Potential

Level of Risk

Level of Care

Comments

2 - Biomedical Conditions and Complications

Level of Risk

Level of Care

Comments

3 - Emotional, Behavioral, or Cognitive Conditions and Complications

Level of Risk

Level of Care

Comments

4 - Readiness to Change

Level of Risk

Level of Care

Comments

5 - Relapse, Continued Use, or Continued Problem Potential

Level of Risk

Level of Care

Comments

6 - Recovery / Living Environment

Level of Risk

Level of Care

Comments

Recommended Level of Care

Actual Level of Care

Clinical Override

Comments

Outcome Measure – Diagnosis for Initial Outcome Measure

Diagnosis is required. To add a diagnosis to an Initial Outcome Measure, click **Edit Diagnosis** on the main Diagnosis screen. The **Effective Date** will align with the Outcome Measure date and time.

Client Diagnosis

Edit Diagnosis

Primary
F15.10-Other stimulant abuse, uncomplicated(ICD)

Secondary

Tertiary

Effective Date
4/19/2021

Time
12:00 AM

Expiration Date

Time

Diagnosing Clinician

GAF Score

Behavioral Diagnosis

Code	Description	Comments	Principal
F15.10	Other stimulant abuse, uncomplicated		Yes

Medical Diagnosis

Currently, there are no results to display for Medical Diagnosis .

Psychosocial Diagnosis

Currently, there are no results to display for Psychosocial Diagnosis .

[← Back](#) [Next >](#) [Save](#) [Save and Finish](#) [× Cancel](#)

Client Diagnosis

Type

Diagnosis
Select an option

Principal Diagnosis
 Yes No

Comments

[× Clear](#) [Save](#)

Once you select a value for the **Type** field, the available **Diagnosis** values will be filtered to the diagnoses relevant to that category.

Please note that when entering a diagnosis the **Principal Diagnosis** field defaults to No. Select the main Behavioral diagnosis to be the principal diagnosis and mark **Yes**.

Marking a diagnosis as Principal will shift that diagnosis to the Primary box at the top of the screen. Secondary and tertiary diagnoses may be selected in the subsequent dropdown boxes.

Click **Save** to save the diagnosis and add any additional diagnoses.

Each diagnosis you enter will appear in the section on the grid that matches the Type you selected.

When you have added all diagnoses, click **Save and Finish** to save.

Outcome Measure – Diagnosis for Update and Final Outcome Measures

After the initial Outcome Measure has been added, when adding a subsequent Outcome Measure, you may clone the most recent diagnosis relevant to the Outcome Measure date. To clone a diagnosis, click **Clone Diagnosis** on the main Diagnosis screen. The **Effective Date** will align with the Outcome Measure date and time.

UWITS then gives the option to clone the most recent diagnosis, including the date as part of the question. To either **Clone Diagnosis** or **Edit Diagnosis**, click **Yes**. Edit or add additional diagnoses then click **Save** or **Save and Finish** as needed.

Do you wish to access the prior diagnosis made on 6/22/2022 to Clone or Update (Edit) ?

Yes

Click **No** to go back to the previous screen without entering a diagnosis. This leaves the diagnosis blank and the OM will be noted as “In Progress” until the diagnosis has been completed.

Each diagnosis entered will appear in the section on the grid that matches the Type selected.

Click **Finish** to complete the Outcome Measure when completed.

Client Diagnosis

[Clone Diagnosis](#)

Effective Date: 5/9/2022

Time: 10:59 AM

Expiration Date: [Blank]

Time: [Blank]

Primary: [Blank]

Secondary: [Blank]

Tertiary: [Blank]

Client Diagnosis

[Edit Diagnosis](#)

Effective Date: 5/9/2022

Time: 12:00 AM

Expiration Date: [Blank]

Time: [Blank]

Diagnosing Clinician: Masters, Robyn

GAF Score: [Blank]

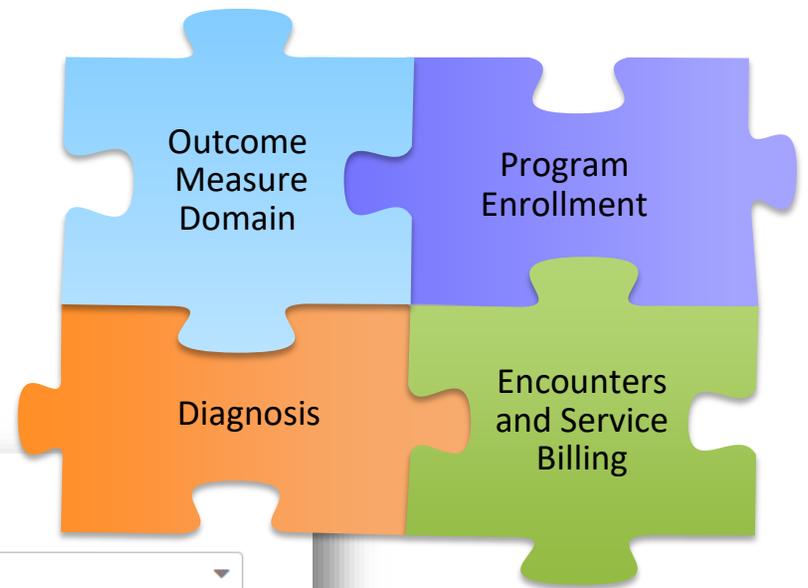
Code	Description	Comments	Principal
F10.929	Alcohol use, unspecified with intoxication, unspecified		Yes

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Program Enrollment (Mental Health)

A client's Program Enrollment must match the Domain in their Outcome Measure. An Outcome Measure must have been completed recently—no more than 14 days prior to either an enrollment or disenrollment. A client's Program Enrollment must also match the Level of Care specified in their ASAM.

From the navigation panel, select **Program Enroll**. The search screen will default to showing program enrollments from the past 12 months. Click on the **Clear** button to remove the default search limitation. Add additional criteria to narrow a search. Click on the **Go** button to apply the search.



Select existing enrollments to edit by hovering over the action button (⋮) and clicking on Review.

Click on the **+ Add Enrollment** link to add a new enrollment.

Program Enrollment

Program Name

Facility

Modality

Active Program Enrollments During Date Range

From To

Program Enrollment List

[+ Add Enrollment](#)

Program Name	Start Date	End Date	Facility	Notes
MHE_99_MHSOP	4/28/2021		Administrative Unit	

At Enrollment

The Start Date will default to today's date but can be updated. It should not be future-dated. After services are rendered, do not edit the Start Date.

Select the appropriate Program Name. Verify that it is relevant to the client's assessed level of care, population and treatment domain (SUD, MH or RSS). Program Staff defaults to the user creating the enrollment; update as necessary.

Program Enrollment Profile

Facility	Domain	Start Date
Administrative Unit	Mental Health	4/28/2021
Program Name	Level of Care	End Date
MHE_99_MHSOP	MH Standard Outpatient	
Program Staff	Enrollment Type	
Sachs, Andy	Initial Admission	
Termination Reason		
Notes		

Program Enrollment Profile

Facility	Domain	Start Date	Cancel
Administrative Unit	Mental Health	2/28/2021	
Program Name	Level of Care	End Date	
MHE_99_MHSOP	MH Standard Outpatient	4/28/2021	
Program Staff	Enrollment Type	Date of Last Contact	
Sachs, Andy	Initial Admission	4/28/2021	
Termination Reason			
Completed/substantially completed			
Referral			
14-Self			
Notes			
Save	Save and Finish	Cancel	

At Disenrollment

Add the disenrollment date into the End Date field. Add the date of the last face-to-face with the client into the Date of Last Contact. Select the most appropriate Termination Reason and add notes as directed by your Agency Navigator.

Requirements for Recovery Support Services (RSS)

Required fields have a colored or striped bar to the left.

The date of an Outcome Measure (OM) should reflect the date at which the data in the OM is effective.

You may choose Initial, Update or Final as the Type. Choose Initial for the client's first OM, Update for all others until the last one, which should be marked Final.

Please note that the Pregnant field is grayed out if the client is a male. If the client is female and pregnant then Due Date is also required.

Select Recovery Support Services (RSS) as the Domain.

Outcome Measures - Client Status

Date: 6/8/2017

Type: Initial

Pregnant: No

Due Date:

Domains: Substance Use, Mental Health

Selected Domains: Recovery Support Services (RSS)

Outcome Measure Section: Education

Is the client enrolled in an education program that issues a degree or certificate upon completion? Choose Yes or No in the Education Status field.

Education

Education Status:

Enrolled in Education: Not Applicable

Financial/Household

Financial/Household

Current Employment Status: 1-Employed Full Time

Funding Source:

Marital Status:

Client's Monthly Gross:

Medicaid Eligibility Determined: Yes No

of People Living With Client, Including the Client:

Primary Income Source:

Client Health Insurance:

Living Arrangement: 2-Private Residence - Independent

Household Monthly Income:

Expected Payment:

of Children Under 18 Living/Not Living w/Client: 0

Outcome Measure Section: Financial/ Household

Select the option that best describes the Current Employment Status and Living Arrangement. How many children does the client have age 17 or less, by birth or adoption? Enter that number as the # Number of Children Under 18 Living/Not Living w/Client.

Outcome Measure – Treatment Summary

Sometimes RSS is provided after a client has concluded an episode in another domain. If so, please retain all information previously entered on this screen. Adding additional information is encouraged but is not required for RSS.

Treatment Summary

Presenting Problem (In Client's Own Words)

At Least 75% of Treatment Plan Goals Met

Yes No

Strengths, Abilities, Needs, and Preferences of Person Served - Client Statement Regarding Progress

Program Enrollment

Currently, there are no results to display for this list.

Services Rendered

Currently, there are no results to display for this list.

Recommendations

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[× Cancel](#)

Outcome Measure – ASAM

The ASAM screen is not required.

ASAM

Dimension

1 - Acute Intoxication and/or Withdrawal Potential

Comments

2 - Biomedical Conditions and Complications

Comments

3 - Emotional, Behavioral, or Cognitive Conditions and Complications

Comments

4 - Readiness to Change

Comments

5 - Relapse, Continued Use, or Continued Problem Potential

Comments

6 - Recovery / Living Environment

Comments

Recommended Level of Care

Actual Level of Care

Clinical Override

Comments

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Outcome Measure – Diagnosis for Initial Outcome Measure

When RSS is provided for a client also served in another domain during that episode, clone and update diagnosis information as needed using the instructions on this page.

When only RSS is being provided, diagnosis is not required.

Outcome Measure – Diagnosis for Update and Final Outcome Measures

After the initial Outcome Measure has been added, when adding a subsequent Outcome Measure, you may clone the most recent diagnosis relevant to the Outcome Measure date. To clone a diagnosis, click **Clone Diagnosis** on the main Diagnosis screen. The **Effective Date** will align with the Outcome Measure date and time.

UWITS then gives the option to clone the most recent diagnosis, including the date as part of the question. To either **Clone Diagnosis** or **Edit Diagnosis**, click **Yes**. Edit or add additional diagnoses then click **Save** and as needed.

Do you wish to access the prior diagnosis made on 6/22/2022 to Clone or Update (Edit) ?

Yes

× No

Click **No** to go back to the previous screen without entering a diagnosis. This leaves the diagnosis blank and the OM will be noted as “In Progress” until the diagnosis has been completed.

Each diagnosis entered will appear in the section on the grid that matches the Type selected.

Click **Finish** to complete the Outcome Measure when completed.

Last Updated: 10/25/2022

Client Diagnosis

Clone Diagnosis

Primary

Secondary

Tertiary

Effective Date

5/9/2022

Time

10:59 AM

Expiration Date

Time

Client Diagnosis

Edit Diagnosis

Primary

F10.929-Alcohol use, unspecified with intoxication, unspecified(ICD)

Secondary

Tertiary

Effective Date

5/9/2022

Time

12:00 AM

Expiration Date

Time

Diagnosing Clinician

Masters, Robyn

GAF Score

Behavioral Diagnosis

Code

Description

Comments

Principal

F10.929

Alcohol use, unspecified with intoxication, unspecified

Yes

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Save

Save and Finish

× Cancel

Program Enrollment (RSS)

A client's Program Enrollment must match the Domain in their Outcome Measure. An Outcome Measure must have been completed recently—no more than 14 days prior to either an Enrollment or Disenrollment. A client's Program Enrollment must also match their Level of Care.

From the Navigation Panel, select **Program Enroll**. The search screen will default to showing program enrollments from the past 12 months. Click on the **Clear** button to remove the default search limitation. Add additional criteria to narrow a search. Click on the **Go** button to apply the search.

Select existing enrollments to edit using the action button (⋮).

Click on the **+ Add Enrollment** link to add a new enrollment.



Program Enrollment

Program Name

Facility

Modality

Active Program Enrollments During Date Range

From To

Program Enrollment List

[+ Add Enrollment](#)

Program Name	Start Date	End Date	Facility	Notes	
Recovery Support Services	6/8/2017		Administrative Unit		⋮

Program Enrollment Profile

Facility	Domain	Start Date
Administrative Unit	Recovery Support Service	6/8/2017
Program Name	Level of Care	End Date
Recovery Support Services	7-1.0	4/28/2019
Program Staff	Enrollment Type	Date of Last Contact
Sachs, Andy	Initial Admission	
Termination Reason		
Notes		

At Enrollment

The **Start Date** will default to today's date but can be updated.

Select the appropriate Program Name. Verify that it is relevant to their assessed level of care, population and treatment domain (SUD, MH or RSS). Program Staff defaults to the user creating the enrollment; update as necessary.