Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

Division of Behavioral Health - Bureau of Substance Abuse

IDPH

IOWA SERVICE MANAGEMENT AND REPORTING TOOL

I-SMART
Data Entry
User Guide

May 2015

Overview

I-SMART is an Internet-based client management system that allows the State of Iowa and its licensed substance abuse treatment providers to administer, manage and provide cost efficient and quality substance abuse assessment and treatment services. Implementation of the I-SMART System is a key product in meeting the federal government requirements for National Outcome Monitoring System (NOMS).

I-SMART reporting cycle: I-SMART is a dynamic web-based tool. Data entered into the system populates the database as soon as it is saved.

Data due date: All fields in each I-SMART client file should be up-to-date on or before the Sunday before the second Monday of each month. This allows IDPH and our managed care partner to accurately generate reports within any 31 day period.

Data Validation: Each month IDPH runs Quality Assurance (QA) reports on the state required data elements. Agencies with identified QA concerns will receive an email with an attachment containing the identified concerns. Corrections are expected to be made by the Sunday before the second Monday of the next month.

I-SMART Data Entry User Guide Setup: The user guide Table of Contents is set up in alphabetical order. This guide will take you through the yellow screens that are required to be completed. For additional information about fields that are not required (not yellow), please contact the ISMART Help Desk at 1-866-339-7913.

TABLE OF CONTENTS

Required Data Element Definitions
Crisis, Placement Screening, Admission, Discharge and Follow-up Modules

# of Arrests in Past 30 Days: Enter the number of arrests in the 30 days preceding the date of admission/discharge to/from treatment. Count all arrests.

# of Arrests in the Past 12 Months: This field automatically totals the sum the 5 arrest type categories (# of Arrests in Past 30 Days, OWI in Last 12 Months, Non-drug or alcohol-related crime while under the influence in the last 12 months, Non-drug or alcohol-related crime while not under the influence in the last 12 months, Drug or alcohol-related crime in the last 12 months)

# of Arrests since admission due to: Enter the number of arrests since admission in each of the fields asking for responses. _The text field limit is 30. "98" **is not** a valid entry, enter "0" if none or not applicable._

# of Children Spent Last 6 Mo. Living w/Client: Enter the number of biological and/or adoptive children.

# of Days of Work/School Missed in Last 6 Months Due to SA Problems: Enter the number of days missed in the last 6 months that are directly related to the client's substance use.

# of Missed Work/School Days Since Admission to TX Due to SA Related Problems: Enter the number of days missed of Work/School since admission to treatment due to Substance Use related problems. _Do not count days of school or work missed due to the treatment experience._

# of Months Employed Since Admission to TX: Enter the number of months employed since admission to treatment. Include part time employment. If unemployed, enter "0".

# of Months Since Last Discharge: Enter number of months since client's last discharge from a substance abuse treatment facility (field will allow 1-97). If client was not previously in treatment, enter "98" (No treatment history).

# of Non-TX SA Related Hospitalizations in Past 6 Months: Enter the number of hospitalizations for any reason other than substance abuse treatment.

# of Prior SA TX Admissions in the last 10 years: Enter the number of previous substance abuse treatment admissions in the last 10 years. If none, enter "0".

# of Sessions: For _24 hour levels of care_, **# of Sessions** equals **Duration** (# of days). For _levels of care II.5 and lower_, **# of Sessions** equals "1," as an encounter is to be entered for each service provided.

Actual Environment: (ADMISSION ONLY): Select the level of care the client is being admitted to.
Do not enter a value in this field (leave blank) if completing form as a **Crisis** or **Placement Screening**

- 10 = No treatment recommended
- 11 = Medically managed detox
- 12 = Medically monitored detox
- 13 = Medically managed intensive inpatient
- 14 = Clinically managed high intensity residential
- 15 = Clinically managed medium intensity residential
- 16 = Day treatment/partial hospitalization

- 17 = Clinically managed low intensity residential
- 18 = Continuing care
- 19 = Extended outpatient
- 20 = Intensive outpatient
- 21 = Outpatient detox
- 22 = Medically monitored intensive inpatient
- 23 = PMIC

Address: Enter the client's current address under "Contact Info." If the client is homeless, use the address of where the client is staying. If the client is living on the street or in a car, the user should state "Homeless" on the address line.

> *Address Type*
> - Client Billing: If different than client's home
> - Client Home: Client's current home address
> - Client Mailing: Client mailing address, e.g., P.O. Box
> - Client Previous: User can document as many previous addresses as are necessary
> - Client Unknown: DO NOT USE; if homeless follow the directions above
> - Client Work: Client's current work address

Admission Date: Enter the date (mm/dd/yyyy) when the client receives his or her first direct treatment or recovery service (date the client was admitted to the program/agency).

Admission Type:
- Change in Service: **Do not use**.
- First Admission: Use if this is the client's first admission to your agency.
- None: **Do not use**.
- Readmission: Use if this is a client readmission.
- Transfer: **Do not use.**

Admission Staff: Select the staff name that provided the Placement Screening/OWI or Admission service.

Ancillary Services: On the third page of the Encounter Note, Select the ancillary services, if any, that are a part of the client's regularly scheduled treatment plan regardless if they are provided by your agency or not. *If any of these services are a part of regularly scheduled II.1, II.5, III.7, III.7D, IV or IV.D level of care, then they would **not** be listed as ancillary services.*
- Child Care: Child care is provided for children while their mother and/or father is receiving substance abuse treatment.
- Educational: Includes educational assessment, basic education, and GED classes.
- Financial Counseling: Services designed to assist the client in managing their finances.
- Gambling: Services that are designed to provide education and counseling for persons affected by problem gambling behavior.
- Health Care: Services provided by a physician or other licensed health care professional such as medical, dental, hearing, optometry, etc.
- Case Management
- Daily Living Skills: Services intended to assist the client in developing daily living skills to maintain a clean and safe living environment, such as making beds, washing dishes, etc.
- Mental Health Care: Services provided to clients to treat a mental health diagnosis.
- Mentoring Services: Support services that assist clients in developing effective role models.
- Nutritional Counseling: Counseling services designed to assist the client in maintaining a safe and healthy diet.
- Parenting Training: Training provided to clients to assist in developing effective parenting skills.
- Sexual/Physical Abuse: Intended to provide counseling specific to sexual/physical abuse.
- Substance Abuse Distance Treatment: For those clients enrolled in the Iowa Recovery Health Information Technology (IRHIT) project only.
- Transportation: Services intended to assist substance abuse clients to access treatment services when it is indispensable to allow a client to receive a less intensive level of care as part of an active treatment plan or when necessary to transport a client who is receiving emergency substance abuse treatment from a non-network provider to a network provider and in such cases where the eligible person is receiving emergency substance abuse treatment outside the state of Iowa.
- Tutoring Services: Support services intended to provide individual attention regarding remediation of educational or language deficits, completing education goals, overcoming employment problems, or translation services.
- Vocational: Includes vocational assessments, job counseling, job readiness, skill training, and job placement.

As a Result of Evaluation, Was Psychiatric Problem Determined: Select "Yes" or "No."   Answer is determined from the clinical assessment (ASAM Domain 3) noting the absence/presence of a psychiatric problem.

At what age did the client FIRST use the substances indicated above: (if unknown, enter "97"): Enter age of client's first use for Primary, Secondary and Tertiary substances as applicable.

Other appropriate responses:
- 96 = not applicable
- 97 = Unknown
- 98 = not collected

Case #: Each distinct Episode is numbered and referred to as a Case (sequentially determined by I-SMART when a new Episode is created).
For example, if a client is seen for a Placement/Screening only, the client's file is opened, the Placement/Screening module is completed and the case is closed. Using this example this would be Case #1. If the client then returns within 30 days, she could be admitted to treatment, receive services and be discharged. These would all be part of Case #1. However if the client returns for services over 30 days past the date of the first Placement/Screening, the client would again be assessed and then admitted to treatment, that case would be labeled Case #2. Eventually the client is discharged from Case #2 and the case is closed. This means the client's next request for services involving a Placement/Screening and/or Admission would open Case #3, and so forth.

Case Status: Always Open Active when in Placement/Screening or Admission.

Children Living With Someone Else Because of Protection Order: Enter the number of biological and/or adoptive children.

Client Name: Enter the Full Legal Name of the client. Do not use nicknames or shortened versions of the client's full legal name.

Client List: The list of client files pulled up as a result of a Client Search on the Client Search screen. Click "Go" to review the list of clients.

Client's Monthly Gross Income: Enter the Monthly income before taxes *from all sources*. If, after all attempts, it is not possible to even estimate the client's income, enter "9998."
- For Adolescents – Enter the client's income at the time of the event - not parent's income.

Client Search: The user can use the Client Search feature on the Client Search screen to locate a client file. Simply enter a client name, Client ID, SS#, or other identifiers shown on the screen and click "Go." The search results will show up on the Client List. The user can search for Client lists using the following criteria.
- First Name
- Last Name
- Facility: Search for client files that are associated with a particular facility.
- DOB (Date of Birth)
- Treatment Staff: Search by staff listed as having provided treatment to the client.
- Primary Care Staff: Staff listed as Primary Care Staff on the Treatment Team list.
- Client ID: A client identifier generated by the I-SMART system using a formula that combines the client's birth date, and last 4 digits of the SS#.
- Provider Client ID: Providers can choose to identify each client by an agency number. This is intended to supplement the Client ID as an identifier. It does not replace the Client ID.
- Intake Staff: The staff member that completed the Intake screen.
- Case Status: Case status refers to whether the client file is Open, Closed, has No Case History (Client Profile and Intake only) or Closed. The user can also search for All Open Cases.

Clinical Override: (ADMISSION ONLY): *Use this field **only** when completing the Admission Module*. Select the appropriate response if the actual environment is not the same as the recommended environment.
- N/A: Use when no changes to the recommended level of care are necessary.
- Lack of insurance benefits: Client's insurance company may not pay for certain levels of care and client has no other resources enabling him/her to participate in the recommended level.
- Managed care refusal: Client's insurance refuses to pay for recommended level of care though client has benefits available.
- Clinical judgment: Clinician believes the recommended level of care should be changed based on her/his clinical judgment.
- Patient opinion: Client disagrees with recommendations or cannot participate because of other reasons. For example, client can only attend treatment at certain times because of work.
- Level of care not available: Client's recommended level of care cannot be supported by the agency.

- Legal issues: Client's participation may be limited or dictated by legal status.
- Other: Reasons not otherwise listed.

County of Residence: Enter the client's county of residence as indicated below:
- **Crisis Contact:** County of residence at the time of the crisis contact.
- **Admission/Placement Screening**: County of Residence **PRIOR** to admission.
- **Discharge**: Report the county of residence after discharge from your agency.
- **Follow-up**: Report the client's county of residence at the time of the follow-up interview.

For those reporting they are 'homeless' report the county they are staying in, i.e. sleeping under a bridge, in a shelter, where are they parking their car, etc.

Covers Substance Abuse: Select "Yes" or "No" depending on whether the client's insurance policy (primary or supplemental) covers substance abuse treatment. If the client has used up all their benefits under substance abuse treatment, enter "Yes".

Crisis Intervention: The delivery of services to non-admitted individuals who present, often on an unscheduled basis, with significant urgent issues requiring coordination and support provided by clinical staff.

Crisis Intervention Date: Enter the date that the individual was seen for a crisis intervention. This crisis event would be for a non-admitted client, prior to a placement screening or admission record being completed with the individual.

Date of birth: Enter client's date of birth (mm/dd/yyyy). If unknown, enter 1/1/1900.

Date of First Contact: Enter the date (mm/dd/yyyy) the client <u>first</u> made contact (phone call, walk in, etc.) with the agency to arrange/schedule their first appointment (evaluation/assessment/admission).

Date of Last Contact: The **Date of Last Contact** is auto-populated with the last **Encounter End Date**. This field automatically updates if new encounters are entered after the Discharge was completed.

Days Waiting: Enter number of <u>calendar</u> days the client waited for services as indicated below:
- For <u>Placement/Screening</u> – Enter number of calendar days between the client's **Date of First Contact** and **Placement Screening Date**.
- For <u>Admission</u> - Enter number of calendar days between the client's **Placement Screening Date** and **Admission Date**.

Did IDPH Pay For Any Portion of Tx: Select "Yes" or "No"

Did Medicaid Pay For Any Portion of Tx: Select Yes" or "No"

Discharge: Enter the date the client was discharged from services. The Discharge Date should equal the Last Date of Contact.

Discharge Staff: Select the name of the staff completing the <u>Discharge</u> module.

Does Client Currently Use Tobacco: Select the appropriate response based on client self-report
- No Tobacco Use
- Cigarettes
- Cigars or Pipes
- Smokeless Tobacco
- Combo/more than 1

Drug or alcohol-related crime in the last 12 months: Enter the number of drug or alcohol-related crimes committed by the client in the last 12 months.
- *For example, a person arrested separately for OWI and manufacturing methamphetamine would show a total of 2.*

Duration: Select the appropriate value as defined below.
- 24-Hour Service: <mark>Level III.1 or higher – Enter number of days.</mark>
- Individual: Client was seen face-to-face in an individual session. <mark>Enter number of minutes.</mark>
- Group: Client was seen face-to-face in a group therapy session. <mark>Enter number of minutes.</mark>
- Family: Client was seen face-to-face in a family therapy session. <mark>Enter number of minutes.</mark>

Employment Status: Select the appropriate Employment Status as defined below.
- Employed Full Time: 35 or more hours a week. Includes armed forces.
- Employed Part Time: Less than 35 hours a week.
- Unemployed-Looking for Work: Looking for work in past 30 days
- Homemaker: No paid employment, primary home caretaker. Not looking for work in the past 30 days.
- Student: Client is a full time student. Not looking for work in the past 30 days.
- Retired: Left last job because of age. Not looking for work in the past 30 days.
- Person has disability: Unable to work because of disability. Not looking for work in the past 30 days.
- Not in Labor Force/Resident/Inmate: Confined to jail or prison that restricts the client from securing employment.
- Not in Labor Force/Unemployed not Seeking Work: Not looking for work in past 30 days.

Encounter: All treatment services provided to a client while in treatment are entered into I-SMART as Encounters. An Encounter Note is to be created for each treatment service provided to the client.
- For Outpatient levels of care (Level II.5 or lower) create an encounter note for each service provided (Individual Note, Group Note, Family Note).
- For Residential levels of care (Level III.1 or Higher) a date range may be used to enter per diem services.

Encounter End Date: Enter the date (mm/dd/yyyy) that the session being recorded ended.
- For Outpatient levels of care (Level II.5 or lower) the **Encounter End Date** will be the same as the **Encounter Start Date**.
- For Residential levels of care (Level III.1 or Higher) a date range may be used to enter per diem services.
- Date range must be within the **Program Enrollment** for which the encounter is being entered under.

Encounter Start Date: Enter the date (mm/dd/yyyy) that the session being recorded started.
- The **Encounter Start Date** must be on or after the date the client is enrolled in the program for which the session is being documented.
- You cannot report more than one service detail covering the same dates.
- For Outpatient levels of care (Level II.5 or lower) the **Encounter Start Date** and **Encounter End Date** will be the same
- For Residential levels of care (Level III.1 or Higher) as date range may be used to enter per diem services with the **Encounter Start Date** being the first date the client was seen that month, the **Encounter End Date** being the last date the client was seen that month.

Encounter Type: Select the appropriate Encounter Type for the service being entered:
- Individual Notes
- Group Notes
- Family Note
- 24 Hour Service

Episode: This term refers to the time between a client's entry into the I-SMART database and her/his case closing during the same treatment experience.
- *For example, if a client is seen for a crisis, then a placement screening followed by admission for treatment and then is discharged from treatment; I-SMART would label those services as one (1) episode of care.*

Ethnicity: Select the client's appropriate Hispanic Origin – regardless of Race - as defined below:
- Not Spanish/Hispanic/Latino/Mexican**:** Client is not of Spanish/Hispanic/Latino or Mexican heritage.
- Puerto Rican: Client is of Puerto Rican origin
- Mexican: Client is of Mexican origin
- Cuban: Client is of Cuban origin
- Other Hispanic or Latino: Client is of Hispanic origin, but specific origin is not known or not specified
- Unknown
- Not Collected

Event Type: Select on the <u>Encounter Note</u> the type of client activity as defined below:

- <u>Admission</u>: Service being entered as an <u>Encounter</u> is for a client being/already admitted to treatment.
- <u>Crisis Intervention</u>: Service being entered as an <u>Encounter</u> is a crisis only (not yet admitted to treatment/services).
- <u>Placement Screening/OWI</u>: Service being entered as an <u>Encounter</u> is for a client being seen for an assessment.
  - For clients who have a placement screening (evaluation) and an admission service (Individual/Group service) on the same day, make sure that the correct Event Type is chosen for each service (Placement Screening for the Evaluation; Admission for the first treatment service) when the Encounters are entered.

Expected payment source: Select the primary source of payment for the client's current treatment episode as defined below:

- <u>No charge</u>: The client is not required to pay for treatment *(Do not use this code if someone else other than the client pays for treatment)*
- <u>NA/No Other Pay Source</u>: Enter if the client does not have a secondary pay source.
- <u>Client Self-Pay</u>: The client or spouse pays for treatment.
- <u>Blue Cross/Blue Shield</u>: Payment for client's treatment primarily covered by BC/BS.
- <u>HMO</u>: Payment for client's treatment primarily covered by HMO insurance.
- <u>Other Health Insurance</u>: Payment for client's treatment primarily covered by other insurance.
- <u>Medicaid</u>: Payment for client's treatment primarily covered by Medicaid.
- <u>Medicare</u>: Payment for client's treatment primarily covered by Medicare. No supplemental policy.
- <u>Workers Compensation</u>: Payment for client's treatment primarily covered by Workers' Compensation.
- <u>Other Government Grant</u>: Payment for client's treatment primarily covered by CHAMPUS, VA contract, OWI, TASC, or other State agencies, except IDPH.
- <u>IDPH/Non-Medicaid Eligible</u>: Payment for client's treatment subsidized by IDPH (client eligible for sliding fee scale – family income is at or below 200% of Federal Poverty Guidelines).
- <u>RTSS</u>: Payment for client's treatment primarily covered DHS Child Welfare.
- <u>Private Pay</u>: Payment for client's treatment primarily covered by other Private Payment source.
- <u>Medicare/Medicaid Eligible</u>: Payment for client's treatment primarily covered by both Medicare and/or Medicaid.
- <u>Medicare/Non-Medicaid Eligible</u>: Payment for client's treatment covered by both Medicare and IDPH contract.
- <u>HAWK-I</u>: Payment for client's treatment primarily covered by Healthy & Well Kids in Iowa, a non-entitlement program covering the children of families who fall within the guidelines.
- <u>Unknown</u>: <mark>This option is only allowed for a <u>CRISIS</u></mark>.

Facility Name: Each physical location operated by an agency is named as a Facility.

- When enrolling a client in a program, the facility within which that program exists will be listed in the program enrollment.

Follow-Up Module: Captures client status information at six (6) months post discharge.

- A follow-up cannot be entered into the system for a given client unless that client is currently in 'discharged' status.
- A follow-up cannot be entered on a client if that client has been readmitted to treatment as a user.
- A follow-up cannot be completed sooner than six months from the date of discharge.
- A follow-up will be accepted on a discharged user client who was discharged and re-admitted as a concerned person or receiving a crisis contact.

<u>Follow-Up Requirements</u>

- The Iowa Consortium for Substance Abuse Research and Evaluation is contracted by IDPH to contact selected clients for follow-up interviews. Agencies may elect to follow-up on any other clients.
- For <u>Substance User</u>: Complete ALL items. If the interview is <u>Not Completed</u>, finish items highlighted in yellow.
- For <u>Concerned Person</u>: Complete items highlighted in yellow. If the interview is <u>Not Completed</u>, complete items highlighted in yellow.

Frequency (Medication): <mark>On the third page of the <u>Encounter Note</u>,</mark> select the appropriate selection based on how often the client receives drug or alcohol problem medication (Medication Assisted Treatment).
See Also, "Medications"

- None
- Daily
- Five times weekly
- Four times weekly
- Three times weekly
- Twice weekly
- Once a week
- One Session
- Once a month
- Twice a month

Gender: Select appropriate response
- Male
- Female
- Unknown - *Use only if the interviewer is unsure of the gender and has not asked the question.*

If yes to cigarettes: Intake/use per day, select appropriate response.
- < ½ pack
- ½ to < 1 pack
- 1-2 packs
- >2 packs
- No cigarette use - Auto-populates if answer to "Does Client Currently Use Tobacco?" is answered No Tobacco Use

In client's opinion, how beneficial was our counseling: Select the client's response to each section.
- Overall: How beneficial was the client's overall counseling experience?
- Individual: How beneficial was client's Individual counseling experience?
- Family: How beneficial was client's Family counseling experience?
- Group: How beneficial was client's Group counseling experience?
- Educational: How beneficial was client's Educational counseling experience?

  Responses:
- Beneficial
- Did Not Receive
- Do not Know (use if the client left without a discharge session)
- Not Beneficial
- Very Beneficial

Initial Contact: Enter appropriate value on how client contacted agency to arrange the **Date of First Contact**.
- By Appointment: Appointment was made for the client by someone else.
- Other
- Phone: Client called for an appointment.
- Walk-in: Client made initial appointment by coming in to the facility.

Insurance Type: Select the appropriate insurance type
- None
- Blue Cross/Blue Shield
- HMO: Health Maintenance Organization.
- Medicaid
- Medicare
- Other Health Insurance
- HAWK-I: Department of Human Services provides health care coverage for Iowa children in families with limited incomes.
- Individual Policy: Client has insurance, but type unknown.

Intake Date: Enter date the client's intake information was entered into the system.
- *Agency may choose to use the date the client first appeared for services* – **Date of First Contact**.

Intake Facility: The **Intake Facility** is the physical location where the client first receives services.
- Each physical location within an agency is named as a Facility
- Should the client later switch facilities for services, changing the Intake Facility location will allow users to access the client file at the most recent facility.

Intake Staff: Select the staff member that completed intake.

Last SA Environment in Last 10 Years: Select the appropriate selection. *See licensure standards for definitions of most of these levels of care. [644-155.1(125)]*

- No Previous Admission
- Not Applicable (no tx recommended)
- Medically managed Detox
- Medically monitored Detox
- Medically managed intensive inpatient
- Clinically managed high intensity residential
- Clinically managed medium intensity residential
- Day treatment partial hospitalization
- Clinically managed low intensity residential
- Continuing Care

- Extended Outpatient
- Intensive Outpatient
- Outpatient Detox

- Medically monitored intensive residential
- PMIC
- Non IDPH-billable service

Living Arrangement: Select the appropriate selection. For **Admission** and **Placement Screening** – select where client resided immediately prior to the assessment; For **Discharge** – select where the client will be living after discharge; For **Follow-up** – select where the client is residing at the time of the follow-up.

- <u>Alone</u>: One-person household
- <u>With parents</u>: May be adult child
- <u>With significant other</u>: Living with another significant person
- <u>With significant other & children</u>: Living with another significant person and children
- <u>With children alone</u>: Living with child(ren)
- <u>Other adults</u>: Living with any other person
- <u>Other adult(s) & children</u>: Living with any other person and child(ren)
- <u>Jail/Correctional Facility</u>: Confined to jail or prison which restricts the client from securing employment
- <u>Homeless</u>: No fixed address, includes shelters
- <u>Correctional Halfway House</u>: Living in a halfway house or group home setting
- <u>Substance Abuse Halfway House</u>: Living in a halfway house or group home setting
- <u>Group Home</u>: Living in a halfway house or group home setting
- <u>Hospital</u>: Residing in a hospital
- <u>Transitional Housing</u>: No services offered on site.
- <u>Shelter</u>: No fixed address, includes shelters
- <u>Child/Adolescent Foster Care</u>: Youth under age 18 - Living with any other person and their child(ren)
- <u>Juvenile Detention</u>: Youth under age 18 - Confined to jail or prison which restricts the client from securing employment

Marital Status: Select the appropriate selection at the time of the activity.

- <u>Never Married – Single</u>: Never married. *Persons whose <u>only</u> marriage has been annulled are classified as single*
- <u>Married</u>: Living with spouse
- <u>Cohabitating</u>: Living as a couple with any other individual
- <u>Separated</u>: Legally separated or otherwise not living with their spouse
- <u>Divorced</u>: Legally divorced
- <u>Widowed</u>: Currently widowed and unmarried
- <u>Unknown</u>
- <u>Not Collected</u>

Medications: On the third page of the <u>Encounter</u>, select the medications taken for drug or alcohol problem only, whether the program prescribes or not. See also, "Frequency (Medications)"

- None
- Antabuse
- LAAM
- Methadone
- Naltrexone
- Other

Mental Health Problem: Select "Yes" or "No" based on the clinician's opinion of whether the client displays signs of depression, anxiety, or other mental health problems.

Methadone Maintenance Planned: Select "Yes" or "No" based on status of methadone maintenance being used as part of the client's treatment plan.

Months Employed in Last 6 Months: Enter the number of months client was employed (includes part-time) in the last 6 months.

Months Employed Since Your Admission to Treatment: Enter the number of months (includes part-time) the client has been employed since <u>Admission</u>.

Months Employed Since Your Discharge from Treatment: Enter the number of months (includes part-time) the

client has been employed since <u>Discharge</u>.

Non-drug or alcohol-related crime while under the influence in the last 12 months: Enter the number of non-drug or alcohol-related crimes the client has committed while under the influence of alcohol or other drugs in the last 12 months.
* *Crimes not related to client's alcohol/drug seeking behavior, for example, an intoxicated person arrested for assaulting another.*

Non-drug or alcohol-related crime while not under the influence in the last 12 months: Enter the number of non-drug or alcohol-related crimes committed by the client while the client was not under the influence of alcohol or other drugs in the last 12 months.
* *Crimes not related to client's alcohol/drug seeking behavior, for example, a sober person arrested for assaulting another.*

Number of Children Under 17 Living/Not Living w/Client: Enter the number of biological and/or adoptive children living/not living with the client.

Number of days Attended AA/NA Meetings in last 30 days: Enter <u>number of days</u> the client has attended 12 step or recovery related activities in past 30 days.
* *If the client attended 60 meetings in 30 days, the correct entry would be "30".*

Occupation: Select the appropriate response based on client's current occupation.
* None
* Professional/Managerial
* Sales/Clerical
* Crafts/Operatives
* Laborers, Not Farm
* Farm Owners/Laborers
* Service/Household

Other addictions: Select the appropriate response based on the client's self-report.
* None
* Compulsive Disorder
* Eating Disorder
* Gambling
* Other

Other Income Sources: Select appropriate response based on the client's self-report.
* <u>None</u>: Receives no income/support
* <u>Wages/Salary</u>: Full or part-time employed
* <u>Family/Friends</u>: Dependent on family or friends
* <u>Public Assistance</u>: Social welfare, ADC, Ward of the State, etc.
* <u>Retirement/Pension</u>: Retirement pension or insurance
* <u>Disability</u>: Disability pension or insurance
* <u>Other</u>: Workers Compensation, Unemployment, and any other source
* <u>SSI/SSDI</u>: Client currently receives SSI/SSDI

Other Payment Source: Select appropriate response.
* <u>No charge/No other Pay Source</u>: The client is not required to pay for treatment *(Do not use this code if someone else other than the client pays for treatment)*
* <u>Client Self-Pay</u>: The client or spouse pays for treatment.
* <u>Blue Cross/Blue Shield</u>: Payment for client's treatment primarily covered by BC/BS.
* <u>HMO</u>: Payment for client's treatment primarily covered by HMO insurance.
* <u>Other Health Insurance</u>: Payment for client's treatment primarily covered by other insurance.
* <u>Medicaid</u>: Payment for client's treatment primarily covered by Medicaid.
* <u>Medicare</u>: Payment for client's treatment primarily covered by Medicare. No supplemental policy.
* <u>Workers Compensation</u>: Payment for client's treatment primarily covered by Workers' Compensation.
* <u>Other Government Grant</u>: Payment for client's treatment primarily covered by CHAMPUS, VA contract, OWI, TASC, or other State agencies, except IDPH.
* <u>IDPH/Non-Medicaid Eligible</u>: Payment for client's treatment subsidized by IDPH (client eligible for sliding fee scale – must be a resident of Iowa and has family income at or below 200% of Federal Poverty Guidelines).
* <u>RTSS</u>: Payment for client's treatment primarily covered DHS Child Welfare.
* <u>Private Pay</u>: Payment for client's treatment primarily covered by other Private Payment source.
* <u>Medicare/Medicaid Eligible</u>: Payment for client's treatment primarily covered by both Medicare and/or Medicaid.

- Medicare/Non-Medicaid Eligible: by both Medicare and IDPH contract.
- HAWK-I: Payment for client's treatment primarily covered by Healthy & Well Kids in Iowa, a non-entitlement program covering the children of families who fall within the guidelines.
- Unknown: ==This option is only allowed for a <u>CRISIS</u>==.

OWI in the last 12 months: Enter number of times the client has received an Operating While Intoxicated (OWI) <u>citation</u> in last 12 months

Past IV Drug Use: Select "Yes," "No," or "Denies" based on client self-report of use of IV drug in the last 30 days.
Note: IDPH participants who request and are in need of treatment for IV drug use will be admitted to a Provider not later than 14 days after making the request for admission, or 120 days after the date of the request if no Provider has capacity to admit and if interim services are provided not later than 48 hours after request for treatment.

Phone Number: Enter phone number. If client has no phone, enter 000-000-0000.

Placement Screening Date: Enter date that Placement/Screening of the client was completed.

Pregnant: Select "Yes" or "No" based on client self report whether she is pregnant or enter "Unknown" (if client was not asked).
Note: <u>Admission</u> to treatment for pregnant women must be accomplished within <u>48 hours of seeking treatment.</u>

Presenting problem (in client's own words): Enter what the client reports as their reason for seeking treatment.
- *If the client does not comment, enter the reason for the client's contact with the agency.*

Primary Income Source: Select appropriate response based on the client's self-report
- None: Receives no income/support
- Wages/Salary: Full or part-time employed
- Family/Friends: Dependent on family or friends
- Public Assistance: Social welfare, ADC, Ward of the State, etc.
- Retirement/Pension: Retirement pension or insurance
- Disability: Disability pension or insurance
- Other: Workers Compensation, Unemployment, and any other source
- SSI/SSDI: Client currently receives SSI/SSDI

Primary Payment Source: Select appropriate response.
- No charge/No other Pay Source: The client is not required to pay for treatment *(Do not use this code if someone else other than the client pays for treatment)*
- Client Self-Pay: The client or spouse pays for treatment.
- Blue Cross/Blue Shield: Payment for client's treatment primarily covered by BC/BS.
- HMO: Payment for client's treatment primarily covered by HMO insurance.
- Other Health Insurance: Payment for client's treatment primarily covered by other insurance.
- Medicaid: Payment for client's treatment primarily covered by Medicaid.
- Medicare: Payment for client's treatment primarily covered by Medicare. No supplemental policy.
- Workers Compensation: Payment for client's treatment primarily covered by Workers' Compensation.
- Other Government Grant: Payment for client's treatment primarily covered by CHAMPUS, VA contract, OWI, TASC, or other State agencies, except IDPH.
- IDPH/Non-Medicaid Eligible: Payment for client's treatment subsidized by IDPH (client eligible for sliding fee scale – must be a resident of Iowa and has family income at or below 200% of Federal Poverty Guidelines).
- RTSS: Payment for client's treatment primarily covered DHS Child Welfare.
- Private Pay: Payment for client's treatment primarily covered by other Private Payment source.
- Medicare/Medicaid Eligible: Payment for client's treatment primarily covered by both Medicare and/or Medicaid.
- Medicare/Non-Medicaid Eligible: by both Medicare and IDPH contract.
- HAWK-I: Payment for client's treatment primarily covered by Healthy & Well Kids in Iowa, a non-entitlement program covering the children of families who fall within the guidelines.
- Unknown: ==This option is only allowed for a <u>CRISIS</u>==.

Program Enrollment End Date: Enter the date on which the client is unenrolled from a program.

Program Enrollment Start Date: Enter the date on which the client is enrolled in a program.

Program Name: The **Program Name** documents the name of the program (i.e., assessment, extended outpatient, etc.) in which the client's encounter is being recorded.

- *Each client must be enrolled in a program in order to create an encounter documenting the services provided that client. Programs can be named anything as long as they are associated with a level of care referenced in licensure standards. See licensure standards for definitions of these levels of care [644-155.1(125)]*

Race: Select the race with which the client most closely identifies.

If the client is of Hispanic or Latino origin (being Hispanic or Latino is not a race, but rather an ethnicity) they must also report a race. If a client refused to acknowledge a race, choose Not Collected.

- Caucasian: A Caucasian person having origins in any of the people of Europe (including Portugal), North Africa, or the Middle East.
- African American/Black: A person having origins in any of the Black racial groups of Africa.
- American Indian: A person having origins in any of the original people of North America and South America (including Central America) and who maintain cultural identification through tribal affiliation or community attachment.
- Asian: A person having origins in any original people of the Far East, the Indian subcontinent, or Southeast Asia, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand, and Vietnam.
- Hawaiian/Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Alaskan Native: A person having origins in any of the original people of Alaska (Aleut, Eskimo, Indian).
- Unknown
- Not Collected

Reason for Discharge: Select the appropriate reason the client was discharged from services.

- 21- Completed Treatment, treatment plan completed: Client successfully completed all parts of the treatment plan or program.
- 22 - Completed Treatment, treatment plan substantially completed: Client completed a majority, but not all, of their treatment plan goals.
- 23 - Referred to outside agency: Referral made before client could satisfactorily complete treatment.
- 24 - Program Decision Due to lack of progress/compliance: Decision to discharge client due to lack of progress and/or noncompliance with treatment plan
- 25 - Client Left: Client left before completing treatment (AMA, ASA)
- 26 - Incarcerated: Client was incarcerated before able to complete the treatment plan.
- 27 - Death of Client
- 28 - Other
- 29 - Managed Care Decision: A client is discharged before their treatment plan is completed or substantially completed due to managed care reimbursement decision. This might also be used if a managed care entity decided not to reimburse for treatment and client discontinued treatment due to inability to pay.
- 30 - Detox Only: Client's treatment consisted of detox *only*.

Recommended Environment: Select the level of care the client is being recommended based on the clinician's assessment. *See licensure standards for definitions of these levels of care. [644-155.1(125)]*

- 10 = No treatment recommended
- 11 = Medically managed detox
- 12 = Medically monitored detox
- 13 = Medically managed intensive inpatient
- 14 = Clinically managed high intensity residential
- 15 = Clinically managed medium intensity residential
- 16 = Day treatment/partial hospitalization
- 17 = Clinically managed low intensity residential
- 18 = Continuing care
- 19 = Extended outpatient
- 20 = Intensive outpatient
- 21 = Outpatient detox
- 22 = Medically monitored intensive inpatient
- 23 = PMIC

Rendering Staff: Select the name of the staff member providing the treatment service to the client that is being documented in an Encounter.

Screening/Admission for Concerned Person: Enter "No" if the client is a substance user seeking assessment. Enter "Yes" if the client is a person in a relationship with a substance user or is seeking assessment or admission to treatment for his/her problems associated with another person's substance use.

Service: Enter the type of service that was provided to the client during the Encounter.

Service Location: Enter the location where the treatment service was provided to the client.

Social Security #: Enter either last four digits or complete SS#.
- *I-SMART currently accepts either the last 4 digits of any client's social security number or the client's complete number.*
- *If the client has no SS# or if it is unknown, the user can create a number by using the format 999-00-0001, 999-00-0002, etc., where the first three numbers are always 999. The agency will have to keep track of SS#'s it creates.*

Source of Referral: Select the appropriate response for the person or agency that encouraged the client to seek services.
- Self: Includes the client, a family member, friend or any other individual who would not be included in any of the following categories.
- Health Care Provider: A physician, psychiatrist or other licensed health care professional; or general hospital, psychiatric hospital, mental health program or nursing home.
- Community Mental Health Clinic: Includes a psychiatrist, psychiatric hospitals, and mental health programs.
- Alcohol/Drug Abuse Provider: Any program/clinic or other health care provider whose principal objective is the treatment of clients who have substance abuse problems, or a program whose activities are related to prevention, education, and/or treatment of alcoholism or drug abuse.
- Other individual: Includes family or friend, or any other person.
- Employer (EAP): This includes a supervisor or an employee counselor.
- School: A school principal, counselor, teacher, or student assistance program; the school system or education agency.
- TASC: Treatment Alternatives to Street Crime. Referred from any recognized TASC program.
- OWI: Operating While Intoxicated. OWI arrest or referred from an OWI program.
- Federal Probation: Referrals from a judge, prosecutor, probation officer, or other personnel affiliated with a Federal judicial system where the client's service is a condition of his/her probation.
- State Probation: Referrals from a judge, prosecutor, probation officer, or other personnel affiliated with a State judicial system where the client's service is a condition of his/her probation.
- Other criminal justice/court: Includes referrals from a judge, prosecutor, probation officer, or other personnel affiliated with any jurisdiction other than state or federal judicial system. These could be referrals from police with the exception of OWI and TASC. This also includes clients who have been referred in lieu of or for deferred prosecution, and pretrial release, before or after official adjudication. Additionally, it includes clients on pre-parole, pre-release, work and/or home furlough. The client need not be officially designated as "on parole."
- Civil commitment: Includes clients referred due to a civil commitment.
- Zero Tolerance: Includes individuals under the age of 21 arrested under the Zero Tolerance Law.
- Drug Court Referrals: Referrals through the drug court process.
- DHS-Child Abuse Referrals: Referrals initiated by a social worker with the Iowa Department of Human Services.
- DHS-Drug Endangered Child: Referrals initiated by a social worker with the Iowa Department of Human Services.
- DHS-Child Welfare: Referrals initiated by a social worker with the Iowa Department of Human Services.
- DHS-Other: Referrals initiated by a social worker with the Iowa Department of Human Services.
- Other Community: Includes a Federal, State, or local agency (not part of the Iowa Dept. of Human Services) that provides aid in the areas of poverty relief, unemployment, shelter, or social welfare. Community and religious organizations are included in this category.
- Parole Board: Referrals initiated directly by the state or federal parole board.

Special Initiative: Select as appropriate the IDPH or IDPH's managed care partner funded initiatives for which IDPH is tracking data.
- *This list will change with funding. If agency does not know whether it is involved in one of the listed initiatives, choose "None."*

Start New Episode: This hyperlink exists on the Episode List screen and is used to start a new episode of treatment in any particular facility.

Substance Abuse Medication: Medications for drug or alcohol problem only. These are medications used to inhibit a client's desire or ability to use a drug.
Examples are Antabuse and Methadone. If the medication is used at any time during the month, the medication would be documented.
- Detox
- Maintenance
- Medication Free
- Other

Substances Used: Identifies the client's primary, secondary, and tertiary substance problem at the time of the Placement Screening, Admission, Discharge, and Follow-up.

Primary/Secondary/Tertiary Substance: Primary substance identifies the client's primary substance problem. Secondary substance identifies the client's secondary substance problem. Tertiary substance identifies the client's tertiary (third) substance problem. Select the appropriate response:
<mark>For K2/Spice/Bath Salts and similar select "Other Hallucinogens"</mark>
- None
- Alcohol
- Cocaine/Crack
- Marijuana/Hashish
- Heroin
- Non Prescribed Methadone
- Other Opiates/Synthetics
- PCP
- Other Hallucinogens
- Methamphetamines
- Other Amphetamines
- Other Stimulants
- Benzodiazepines
- Other Tranquilizers
- Barbiturates
- Other Sedatives/Hypnotics
- Inhalants
- Over-the-counter Meds
- Steroids
- Ecstasy
- Other
- Other Prescribed Analgesics
- Oxycontin

Primary/Secondary/Tertiary Frequency of Use: Select the frequency of use of the substance selected:
- N/A
- No Use in the past 6 months
- No Use in the past month
- 1-3 times in the past month
- 1-2 times per week
- 3-6 times per week
- Once daily
- 2-3 times daily
- More than 3 times daily
- Unknown

Primary/Secondary/Tertiary Method: Select the client's primary method of administration for each substance selected:
- Oral
- Smoking
- Inhalation
- IV Injection
- Non-IV Injection
- Nasal
- Other
- N/A

Primary/Secondary/Tertiary Age of First Use: Enter age the client began using each substance (<mark>for alcohol, list age of first intoxication</mark>).

Times Hospitalized Since Admission to TX Due to SA Related Problems: Enter the number of times the client has been hospitalized due to Substance Abuse related problems.
- *This excludes inpatient substance abuse treatment. This may include SA related physical or psychiatric problems.*

Treating Here For: Enter the appropriate response for the type of services provided.
- SA: Treatment services for a Substance Use Disorder
- MH/SA: Treatment services for both a Mental Health and Substance Use Disorder
- GA/SA: Treatment services for both a Problem Gambling and Substance Use Disorder
- MH/GA/SA: Treatment services for a Mental Health, Problem Gambling, and Substance Use Disorder

Veteran Status: Select the appropriate Veteran Status per client self report:
- None: Never been in the military or dishonorable discharge
- Armed Forces/On Active Duty: Combat History
- Armed Forces/On Active Duty: No Combat History
- Military Dependent: No military service record
- National Guard/Combat History: Honorable discharge
- National Guard/No Combat History: Honorable discharge
- National Guard/Active Duty/Combat History:

Honorable discharge
- National Guard/Active Duty/No Combat History: Honorable discharge
- Retired from Military/Combat History: Honorable discharge
- Retired from Military/No Combat History: Honorable discharge
- Served in Armed Forces/Combat History: Honorable

discharge
Honorable discharge
- Served in Armed Forces/No Combat History:
- Unknown

Was Concerned Person Involved: Select "No" if the client did not have a family member or concerned individual participate in treatment. Enter "Yes" if the client did have a family member or concerned individual participate in treatment.

Was Methadone Maintenance Part of TX: Select "No" if the client did not receive methadone maintenance as part of treatment. Enter "Yes" the client did receive methadone maintenance as part of treatment.

Was the Substance prescribed to the client: Select "No" if the client was not prescribed the substance. Enter "Yes" if the client was prescribed the substance.

Years of education: Enter number of years of education.
- *Enter GED as 12. Nine months of technical/vocational training = 1 year.*