

Division of Behavioral Health - Data Entry Guidance Update

## I-SMART DATA ENTRY GUIDE – UPDATE (September 2019) Effective September 1, 2019

Please note the updates made to the following sections in the *May 2015 I-SMART Data Entry Guide*.

## **Required Data Element Definitions**

## Crisis, Placement Screening, Admission, Discharge and Follow-up Modules

Actual Environment: (ADMISSION ONLY): Select the level of care the patient is being admitted to. Do not report/enter a value (leave blank) for an *Event Type* = Crisis or Placement Screening. 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

- 20 = Intensive outpatient
- 21 = Outpatient detox
- 22 = Medically monitored intensive inpatient
- 23 = PMIC

**Interim Service** 

•

- 25 = Extended Outpatient -Families in Focus
- 26 = Intensive Outpatient Families in Focus
- 30 = Early Intervention
- 31 = Clinically managed high intensity residential (Juvenile)
- 40 = Pre-Admission

• 18 = Continuing care

- 19 = Extended outpatient
- *Encounter Type:* Select the appropriate Encounter Type for the service being entered:
  - Individual Notes
  - Group Notes
  - Family Note
  - 24 Hour Service

*Encounter/Service:* All treatment services provided to a patient while in treatment are to be reported. An Encounter (I-SMART) or Service (CDR) is to be reported for each treatment service provided.

- For <u>Early Intervention</u> (Level 0.5) create an encounter for each service provided and may select from "Individual Note," "Group Note," or "Family Note" as the ENCOUNTER TYPE.
- For <u>Outpatient</u> levels of care (Level 1.0) create an encounter for each service provided and may select from "Individual Note," "Group Note," or "Family Note" as the ENCOUNTER TYPE.
- For <u>Intensive Outpatient</u> levels of care (Level 2.1 or 2.5) select "24 Hour Service" as the ENCOUNTER TYPE. Date range is not allowed.
- For <u>Residential</u> levels of care (Level 3.1 or Higher) select "24 Hour Service" as the ENCOUNTER TYPE and a date range may be used.

- <u>Opioid Treatment Program/Medication Assisted Treatment:</u> Dosing is not required to be reported, however, each treatment encounter, regardless of level of care is to include the medication (whether or not the medication was prescribed by program staff), and frequency the medication is being given/taken.
- <u>Interim Services:</u> *The reporting of Interim Services is only required for IPN funded programs.* This Encounter Type is used to designate those pre-admission services (either a Crisis or Placement Screening has been reported) for the pregnant women and/or persons who inject drugs in the 30 days prior to initiating contact, and cannot be admitted within the stated guidelines (48 hours for pregnant women, and 14 days for those using drugs via IV injection).

*Recommended Environment:* Select/report the level of care the patient is being recommended based on the ASAM (assessment) completed. 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
- 25 = Extended Outpatient -Families in Focus
- 26 = Intensive Outpatient Families in Focus
- 30 = Early Intervention
- 31 = Clinically managed high intensity residential (Juvenile)

## • 40 = Pre-Admission

Ancillary Services: The reporting of Ancillary Services is only required for IPN funded Women and Children's programs. NOT required for any other providers. On the third page of the Encounter Note, select the ancillary services, that are provided as part of the treatment to a woman and/or her dependent children enrolled in a IPN Women and Children's program. regularly scheduled treatmentplan 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 <u>not</u> be listed as ancillary services. Licensed programs that are not funded Women and Children providers will report "None" on each Encounter.

- <u>None</u>
- <u>Child Care</u>: Child care is provided for children while their mother and/or father is receiving substance abuse treatment.
- <u>Educational</u>: Includes educational assessment, basic education, and GED classes.
- <u>Financial Counseling</u>: Services designed to assist the client in managing their finances.
- <u>Gambling</u>: Services that are designed to provide education and counseling for persons affected by problem gamblingbehavior.
- <u>Health Care</u>: Services provided by a physician or other licensed health care professional such as medical, dental, hearing, optometry, etc.
- <u>Case Management</u>
- <u>Daily Living Skills</u>: Services intended to assist the client in developing daily living skills to maintain a clean and safeliving environment, such as making beds, washing dishes, etc.
- <u>Mental Health Care</u>: Services provided to clients to treat a mental health diagnosis.
- <u>Mentoring Services</u>: Support services that assist clients in developing effective role models.
- <u>Nutritional Counseling</u>: 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.
- <u>Sexual/Physical Abuse</u>: Intended to provide counseling specific to sexual/physical abuse.
- <u>Substance Abuse Distance Treatment</u>: For those clients enrolled in the Iowa Recovery Health Information Technology
  (IRHIT) project only.
- <u>Transportation</u>: Services intended to assist substance abuse clients to access treatment services when it is

2 | Page

September 2 0 1 9

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 lowa.

- <u>Tutoring Services</u>: Support services intended to provide individual attention regarding remediation of educational orlanguage deficits, completing education goals, overcoming employment problems, or translation services.
- <u>Vocational</u>: Includes vocational assessments, job counseling, job readiness, skill training, and job placement.
- <u>Primary Medical Care:</u> Prenatal, Postpartum, Pediatric, and Child Immunizations.
- <u>Therapeutic Interventions for Children:</u> Child Development Assessments