Treatment and Recovery Support Services: SFY 2015 I-SMART Data Entry Matrix

IGTPP Services			I-SMART Encounter Fields						
Service Type	**Unit =**	**Unit Rate**	**Encounter Type**	**Service**	**Start/ End Date**	**Start/ End Time**	**Duration**	**# of Sessions/ Units**	**EEW Unit Determined by:**
Screening and Assessment (See Notes)	Screening Assessment	$153	Individual Note	Select appropriate service from list	Enter same date in both fields	Optional	Enter # of Minutes	Enter "1" regardless of length of time	# of Sessions/Unit field in I-SMART
Individual Counseling	60 Minutes	$100	Individual Note	Select appropriate service from list	Enter same date in both fields	Optional	Enter # of Minutes	Enter "1" regardless of length of time	Divide **Duration** by 60 = Hours/Units (can be a partial unit)
Group Counseling (See Notes)	Group	$156	Group Note	Select appropriate service from list	Enter same date in both fields	Enter Start and End time of the Group	Enter # of Minutes	Enter "1" regardless of length of time	# of Group hours (Total of duration of each group)
Family Counseling	60 Minutes	$100	Individual Note	Select appropriate service from list	Enter same date in both fields	Optional	Enter # of Minutes	Enter "1" regardless of length of time	Divide **Duration** by 60 = Hours/Units (can be a partial unit)
Crisis Services	60 Minutes	$100	Individual Note	Select appropriate service from list	Enter same date in both fields	Optional	Enter # of Minutes	Enter "1" regardless of length of time	Divide **Duration** by 60 = Hours/Units (can be a partial unit)
Care Coordination	60 Minutes	$52	Individual Note	Select appropriate service from list	Enter same date in both fields	Optional	Enter # of Minutes	Enter "1" regardless of length of time	Divide **Duration** by 60 = Hours/Units (can be a partial unit)
Recovery Support Services									
Life Skills Coaching	60 minutes	$52	Individual Note	Select appropriate service from list	Enter same date in both fields	Optional	Enter # of Minutes	Enter "1" regardless of length of time	Divide **Duration** by 60 = Units (can be a partial unit)
Housing Assistance (Independent Living)	$1	$1	Individual Note	Select appropriate service from list	Enter same date in both fields	NA	Leave Blank	Enter total $'s	# of Sessions/Unit field in I-SMART

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Service Type	**Unit =**	**Unit Rate**	**Encounter Type**	**Service**	**Start/ End Date**	**Start/ End Time**	**Duration**	**# of Sessions/ Units**	**EEW Unit Determined by:**
Recovery peer coaching	60 minutes	$52	Individual Note	Select appropriate service from list	Enter same date in both fields	Optional	Enter # of Minutes	Enter "1" regardless of length of time	Divide **Duration** by 60 = Units (can be a partial unit)
Electronic Recovery Support Messaging	1 minute	$1	Individual Note	Select appropriate service from list	Enter same date in both fields	Optional	Enter # of Minutes	Enter total $'s (should equal # of Minutes)	# of Sessions/Unit field in I-SMART and should = Duration
Supplemental need – utility assistance	$1	$1	Individual Note	Select appropriate service from list	Enter same date in both fields	NA	Leave Blank	Enter total $'s	# of Sessions/Unit field in I-SMART
Supplemental need – clothing/hygiene	$1	$1	Individual Note	Select appropriate service from list	Enter same date in both fields	NA	Leave Blank	Enter total $'s	# of Sessions/Unit field in I-SMART
Supplemental need – education	$1	$1	Individual Note	Select appropriate service from list	Enter same date in both fields	NA	Leave Blank	Enter total $'s	# of Sessions/Unit field in I-SMART
Supplemental need – housing rental assistance	$1	$1	Individual Note	Select appropriate service from list	Enter same date in both fields	NA	Leave Blank	Enter total $'s	# of Sessions/Unit field in I-SMART
Supplemental need – gas card (See Notes)	$1	$1	Individual Note	Select appropriate service from list	Enter same date in both fields	NA	Leave Blank	Enter total $'s	# of Sessions/Unit field in I-SMART
Supplemental need – wellness	$1	$1	Individual Note	Select appropriate service from list	Enter same date in both fields	NA	Leave Blank	Enter total $'s	# of Sessions/Unit field in I-SMART
Supplemental need – bus/cab	$1	$1	Individual Note	Select appropriate service from list	Enter same date in both fields	NA	Leave Blank	Enter total $'s	# of Sessions/Unit field in I-SMART

Notes:

- **Screening and Assessment -** Only one unit of Screening Assessment may be billed per client per client episode. This unit is not billed by the hour.
- **Group Counseling –** This unit is paid per group based on the length of the group rounded to the nearest quarter hour. It is not billed per group member.
- **Recovery Support Services/Supplemental Needs & Housing Assistance –** Always round up any partial dollars to the next higher whole dollar amount (for example: $98.01 would be entered as 99 units; $98.51 would be entered as 99 units)
- **Gas Card –** Max is $25 per week
- **Duration –** For IGTP Treatment Services, Duration is to be rounded to the nearest quarter hour, per the RFA instructions.