



## I-SMART DATA ENTRY GUIDE – UPDATE (June 2019)

Effective July 1, 2019

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

---

### Discharge

*Discharge:* Enter the date the client was discharged from services. The Discharge Date should equal the Last Date of Contact. *To support appropriate patient engagement in ongoing treatment services that support recovery, IDPH suspends the 60-day administrative discharge requirement. When treatment services have not been provided to a patient for 60+ days, licensed programs have the option to complete and report a discharge, or keep the case open to monitor patient recovery process until such time as the patient chooses to discontinue monitoring/services.*

*For additional information on continued service and transfer/discharge criteria, please refer to The ASAM Criteria – Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions, Third Edition. For licensure requirements on management of care review timeframes, please refer to Iowa Administrative Code 641—155.21.19. Decisions concerning continued service, transfer, or discharge involve review of the treatment plan and assessment of the patient’s progress, requiring the same type of multidimensional assessment process that led to admission to treatment.*

#### Examples:

1. A substance use disorder (SUD) treatment patient ASAM continued stay review recommends patient participating in continuing care. The intensity of services would be based on ASAM and patient choice per the updated treatment plan per licensure standards. Services would continue to such time as the patient declines further services, at which time a discharge is to be completed. If the patient declines the continued stay recommended by ASAM, the provider would complete and report a discharge.
2. A patient is being treated for both a SUD and Mental Health Disorder (MHD) at the same facility, and the ASAM continued stay review recommends ongoing MHD services, the provider **may choose not to complete and report a discharge**. It is assumed that the patient’s ASAM continued stay reviews will monitor all six ASAM domains while engaged in MHD services. Re-engagement and intensity of SUD services would be based on ASAM and patient choice, and continue to such time as the patient declines further SUD and MHD services, at which time a discharge is to be completed.