



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

IPN Services		I-SMART Encounter Fields					
I-SMART Service Description	Unit =	Encounter Type	Start/ End Date	Start/ End Time	Duration	# of Sessions/ Units	IowaGrants Claim Unit Determined by:
Outpatient Treatment/Covered Service: Licensed Program Services for Patients - Problem Gambling							
IPN - Outpatient Initial Assessment - Certified/Licensed Staff	Screening Assessment	Individual Note	Enter same date in both fields	Optional	Leave Blank	Enter "1" regardless of length of duration	# of Sessions/Unit field in I-SMART
IPN - Outpatient Initial Assessment - Certified/Licensed Staff (Telehealth)	Screening Assessment	Individual Note	Enter same date in both fields	Optional	Leave Blank	Enter "1" regardless of length of duration	# of Sessions/Unit field in I-SMART
IPN - Outpatient Initial Assessment - Independently Licensed Staff	Screening Assessment	Individual Note	Enter same date in both fields	Optional	Leave Blank	Enter "1" regardless of length of duration	# of Sessions/Unit field in I-SMART
IPN - Outpatient Initial Assessment - Independently Licensed Staff (Telehealth)	Screening Assessment	Individual Note	Enter same date in both fields	Optional	Leave Blank	Enter "1" regardless of length of duration	# of Sessions/Unit field in I-SMART
IPN - Outpatient Individual Counseling - Certified/Licensed Staff	30 Minutes	Individual Note	Enter same date in both fields	Optional	Enter # of Minutes and select "min"	Enter "1" regardless of length of duration	Divide Duration by 30 = Hours/Units (must be a whole number)
IPN - Outpatient Individual Counseling - Independently Licensed Staff	30 Minutes	Individual Note	Enter same date in both fields	Optional	Enter # of Minutes and select "min"	Enter "1" regardless of length of duration	Divide Duration by 30 = Hours/Units (must be a whole number)
IPN - Outpatient Group Counseling - Certified/Licensed Staff	30 Minutes	Group Note	Enter same date in both fields	Optional	Enter # of Minutes and select "min"	Enter "1" regardless of length of duration	Divide Duration by 30 = Hours/Units (must be a whole number)
IPN - Outpatient Group Counseling - Independently Licensed Staff	30 Minutes	Group Note	Enter same date in both fields	Optional	Enter # of Minutes and select "min"	Enter "1" regardless of length of duration	Divide Duration by 30 = Hours/Units (must be a whole number)



IPN Services		I-SMART Encounter Fields					
I-SMART Service Description	Unit =	Encounter Type	Start/ End Date	Start/ End Time	Duration	# of Sessions/ Units	IowaGrants Claim Unit Determined by:
IPN - Intensive Outpatient / Partial Hospitalization	1 Day	24 Hour Service	Enter same date in both fields	NA	Enter 1 and select "Min" as "Day" is not available in the Domain.	Enter "1" and matches "Duration" entered	# of Days reported in Duration field in I-SMART
Outpatient Treatment/Covered Service: Other Covered Services for Patients - Problem Gambling							
Care Coordination	1 unit per month per patient	Not entered in I-SMART.					Claim Spreadsheet in SSRS will calculate and then reported on IowaGrants claim form.
IPN - Medical Evaluation	Medical Evaluation	Individual Note	Enter same date in both fields	NA	Leave Blank	Enter "1"	# of Sessions/Unit field in I-SMART
IPN - Medical Evaluation (Telehealth)	Medical Evaluation	Individual Note	Enter same date in both fields	NA	Leave Blank	Enter "1"	# of Sessions/Unit field in I-SMART
IPN - Medical Care	Per Patient/Per Session	Individual Note	Enter same date in both fields	NA	Leave Blank	Enter "1"	# of Sessions/Unit field in I-SMART
IPN - Medical Care (Telehealth)	Per Patient/Per Session	Individual Note	Enter same date in both fields	NA	Leave Blank	Enter "1"	# of Sessions/Unit field in I-SMART
IPN - Medication	\$1	Individual Note	Enter same date in both fields	NA	Leave Blank	Enter total \$'s	# of Sessions/Unit field in I-SMART
IPN - Recovery Peer Coaching	Per Patient/Per Session	Individual Note	Enter same date in both fields	NA	Leave Blank	Enter "1"	# of Sessions/Unit field in I-SMART
IPN - Transportation	\$1	Individual Note	Enter same date in both fields	NA	Leave Blank	Enter total \$'s	# of Sessions/Unit field in I-SMART



IPN Services		I-SMART Encounter Fields					
I-SMART Service Description	Unit =	Encounter Type	Start/ End Date	Start/ End Time	Duration	# of Sessions/ Units	IowaGrants Claim Unit Determined by:
Outpatient Treatment/Covered Service: Other Covered Service for Non-Patients - Problem Gambling							
IPN - Early Intervention	30 Minutes	Individual or Group Note	Enter same date in both fields	Optional	Enter # of Minutes	Enter "1" regardless of length of duration	Divide Duration by 30 = Hours/Units (must be a whole number)

Notes:

- **Outpatient Treatment/Covered Service: Licensed Program Services for Patients - Problem Gambling**
 - **Screening and Assessment** - Only one unit of Screening Assessment may be billed per patient per patient episode.
 - **Intensive Outpatient/Partial Hospitalization** – New service as of January 1, 2019. Entered with an Encounter Type of “24-hour Service” for each day services are provided. A date range MAY NOT be used.
- **Outpatient Treatment/Covered Service: Other Covered Services for Patients - Problem Gambling**
 - **Medical Evaluation** – Only one unit of Medical Evaluation may be billed per patient per patient episode of care.
 - **Medical Care** – Entered per patient per session.
 - **Medication** – Limited to \$100 per month with a Maximum of \$300 per patient per treatment episode.
 - **Recovery Peer Coaching** – Entered per patient per session.
 - **Transportation** – Limited to \$20 per month. Maximum of \$60 per patient/per treatment episode.
- **Outpatient Treatment/Covered Service: Other Covered Service for Non-Patients - Problem Gambling**
 - **Early Intervention** – Only reported in I-SMART if patient identifying information collected. If patient identifying information is not collected, then contractor is to track internally and have documentation available for retrospective reviews.
- **Duration** – For IPN Treatment Services, Duration is to be rounded to the nearest 30 minutes, per the RFP instructions.
- **Treatment Episode** - A treatment episode is defined as the period of service between the beginning of a treatment service for a drug or alcohol [or gambling] problem (admission) and the termination of services for the prescribed treatment plan (discharge). Source: Treatment Episode Data Set (TEDS) State Instruction Manual Admission Data With National Outcomes Measures (NOMS)



Covered Service: Licensed Program Services for Patients - Problem Gambling		
Service Type	Unit Description	Unit Cost
Outpatient Initial Assessment - <i>Certified/Licensed Staff</i>	Limited to one per patient / per Contractor / per treatment episode*	\$125.00
Outpatient Initial Assessment - <i>Independently Licensed Staff</i>	Limited to one per patient / per Contractor / per treatment episode*	\$150.00
Outpatient Individual Counseling - <i>Certified/Licensed Staff</i>	Per patient / per 30 minute unit	\$55.00
Outpatient Individual Counseling - <i>Independently Licensed Staff</i>	Per patient / per 30 minute unit	\$65.00
Outpatient Group Counseling - <i>Certified/Licensed Staff</i>	Per patient / per 30 minute unit	\$30.00
Outpatient Group Counseling - <i>Independently Licensed Staff</i>	Per patient / per 30 minute unit	\$35.00
Intensive Outpatient /Partial Hospitalization	Per patient / per day	\$130.00
Covered Service: Other Covered Services for Patients - Problem Gambling		
Service Type	Unit Description	Unit Cost
Care Coordination	Per patient / per month	\$75.00
Medical Evaluation	Limited to one per patient / per treatment episode*	\$275.00
Medical Care	Per patient / per session	\$50.00
Medication	Limited to \$100 per month. Maximum of \$300 per patient / per treatment episode*	Actual Cost
Recovery Peer Coaching	Per patient / per session	\$35.00
Transportation	Limited to \$20 per month. Maximum of \$60 per patient / per treatment episode*	Actual Cost
Outpatient Treatment: Other Covered Service for Non-Patients - Problem Gambling		
Service Type	Unit Description	Unit Cost
Early Intervention - Individual and Group	Per 30 minute unit	\$55.00