Iowa Behavioral Health Reporting System

IBHRS Patient Data Flow

The IBHRS Patient Data Flow document outlines at a high level the data flow within IBHRS via diagrams and examples to assist providers in understanding the nuances of data collection. It also shows where data reporting has been streamlined and the new data elements being introduced within IBHRS.

Resources and support documentation for IBHRS can be found at: https://idph.iowa.gov/Bureau-of-Substance-Abuse/Substance-Use-and-Problem-Gambling-Data/Iowa-Behavioral-Health-Reporting-System/IBHRS-Documentation. The **IBHRS Submission Guide** is the source document for all things IBHRS, including an overview and description of all the data elements and the rules that govern data submission. Additionally, there are Validation Errors, Warnings, and Guidance that are provided whether submitting data via XML or IBHRS Data Entry to assist the user in identifying what is incorrect or missing in the record being submitted.

Data Reporting Changes: I-SMART/CDR and IBHRS

IBHRS is an integrated data collection system for Substance Use Disorder and Problem Gambling Treatment data. It reduces the duplication of data entry within the various data sets and streamlines data reporting. Below are the high level changes between the old I-SMART/CDR required elements and the IBHRS required elements, by IBHRS data set.

Client Data Set

In the **Client Data Set**, IBHRS introduces a couple of new fields:

- **Sex Code**: Reporting the sex of the patient at birth.
- **Gender Identity Code**: Reporting the gender identity of the patient.
- **Sexual Orientation Code**: Reporting the sexual orientation of the patient.
- **Email Address**: Reporting the email address of the patient.

Gone is the concept of Unique Client Number that was created from a patient's DOB and SS#. This is replaced now by the Patient Source Record Identifier (SRI), either from a source Electronic Health Record, or IBHRS Data Entry generated SRI. Additionally, IBHRS will generate an Enterprise Unique Identifier (EUID) that is the statewide identifier that links records across IBHRS.

Treatment Episode Data Set

IBHRS introduces within the **Treatment Episode Data Set** the concept of **Care Status** and the **Performance Outcome Measure** (POM). **Care Status** is reported to track a patient from Pre-Admission (Crisis, Evaluation), to Admission, through changes in levels of care (Transfer), and then Discharge within a **Program Area** (Substance Use Disorder Treatment or Problem Gambling Treatment). The **POM** is the big "bucket" of data that are collected to document a patient's movement

through treatment. The **Care Status Type** (Pre-Admission, Admission, Transfer, and Discharge) dictates the data required to be reported on the **POM**. The IBHRS Date Flow Examples (see below) highlight when and what **POM** data are collected/reported.

In the **Treatment Episode Data Set**, IBHRS introduces a couple of new fields:

- **Open Date:** Date the Treatment Episode started (First Service Event)
- **Close Date**: Date the Treatment Episode closed (Last Service Event)
- **Concerned Individual Code:** Was the "Concerned Person Code" in the I-SMART/CDR data set. Reports whether treatment arises from the patient's relationship with someone who may be experiencing problems associated with substance use and/or gambling or receiving treatment (i.e. Yes) or is for a client's direct treatment (i.e. No).
- **Evaluator Allowed to Contact Client Code:** Reports indicating whether a patient has provided assent to allowing an evaluator to contact them, who in turn would follow relevant consent protocols upon contacting the patient. The Department contracts with evaluators (currently UNI-CSBR) to conduct follow-up surveys, and a response of "Yes" to this question allows that initial contact to happen.
- **Scheduled Admission Date:** The date the patient is scheduled to be admitted to treatment.
- **Intravenous Substance Use in the Past 30 Days Code:** Replaces the I-SMART/CDR "Past IV Drug Use" question. Reports whether the patient has injected drugs intravenously in the past 30 days.
- **Pregnant at First Contact Date Code:** Reports the patient's pregnancy status at the time they contacted the provider.

Special Initiative Sub Entity

This sub entity expand on the I-SMART/CDR "Special Initiative" field. Reports the discretionary grant or other grant projects that providers may be contracted to participate in.

- **Special Initiative Type Code:** Reports the grant project the patient is participating in
- **Start Date:** Reports the start date of patient in the grant project.
- **End Date:** Reports the date the patient stopped participating in the grant project.
- **Children in Care with Client Count:** When the **Special Initiative Type Code = Women and Children**, report the number children in the home that are age 17 and under.

Care Status Sub Entity

A new concept introduced by IBHRS to track by Program Area a patient's movement through the treatment episode. See page 70 of the IBHRS Provider Submission Guide for additional information.

- **Status Date:** Reports the date of the **Care Status** being reported.
- **Status Code:** Reports the type of **Care Status (Pre-Admission, Admission, Transfer, and Discharge).**
- **Program Area Code:** Reports whether the **Care Status** is related to **Substance Use Disorder Treatment** or **Problem Gambling Treatment**. For patients receiving both SUD and PG treatment services, a **Care Status** for each **Program Area** would be reported.

IBHRS Patient Data Flow

- **Recommended Level of Care Code:** This is reported only if the **Care Status = Admission** to reflect what level of care was recommended to the patient at the time of Evaluation.
- **ASAM Level of Care:** This was the "Actual Environment" reported in I-SMART/CDR. Reports the level of care for which the patient was admitted.
- **In Care for Mental Health Disorder Code:** Reports whether the patient is currently in treatment for a mental health disorder.
- **Prior Mental Health Episode Known Code:** Reports whether the patient knows the number of previous mental health treatment episodes participated in previously.
- **Prior Mental Health Episode Count:** Reports, if known by patient, the number of previous mental health disorder treatment episodes.
- **Concerned Individual Involved Code:** Reports whether a concerned person/individual (relative, friend, other person) was involved with the patient's treatment.

Performance Outcome Measure Sub Entity

IBHRS introduces a new "bucket" which contains the bulk of patient data to be collected at distinct points in treatment (evaluation, admission, changes in level of care, and discharge). See the IBHRS Provider Submission guide for a complete listing of all sections of the **POM**.

IBHRS does not contain the "Placement Screening" data set that existed within I-SMART/CDR reporting requirements. IBHRS replaces the "Placement Screening" process with the concept of "Pre-Screening" and "Screening Results," significantly reducing the data reported at the conclusion of an evaluation.

- **Performance Outcome Measure Date**: Reports the date that the **POM** data was collected from the patient.
- **Pregnant Code**: Not new, however, allows the reporting of change in pregnancy status during treatment.
- **Pregnant Last 12 Months Code**: Reports whether a patient reports being pregnant in the past 12 months, excluding a current pregnancy.
- **Days Substance Used/Days Gambled Past 30 Days**: Two new fields to track the days of substance use or gambling in the past 30 days.

Pre-Screening (Sub Entity of POM)

IBHRS Introduces this new "Pre-Screening" that determines data to be reported throughout the POM. Please see Page 94 and following in the IBHRS Submission Guide for information specific to the **Pre-Screening** questions. A positive pre-screening question result means that the **Screening Result** section of the **POM** is to be completed, along with the **Stage of Change** and **Quality of Life** sections. This section is completed each time the POM is collected.

Screening Result (Sub Entity of POM)

IBHRS introduces the Screening Result sub entity of the POM to report the recommendations by **Program Area**, based on the **Pre-Screening** questions and results of the assessment/evaluation.

- **Program Area Code:** Reports the Program Area (Substance Use Disorder or Gambling Treatment) for which a recommendation is being made.
- **Recommended ASAM Level of Care Code:** Reports, based on the completed evaluation/assessment, the recommended ASAM level of care.
- **Intention to Follow Recommendation Code:** Reports the patient's intent to follow the treatment recommendations.

IBHRS Patient Data Flow

Mental Health Symptoms (Sub Entity of POM)

IBHRS introduces the **Mental Health Symptoms** section of the **POM** for providers to report current mental health symptoms the patient is currently experiencing. There are seven questions to be reported if the Prescreen question on Mental Health Concern in Past 12 Months Code is 'Yes.' Please see the IBHRS Provider Submission Guide page 87 for the business rule linking this Sub Entity to the Prescreen and page 122+ for additional information on the Mental Health Symptom Sub Entity.

- Experienced serious depression
- Anxiety/Tension
- Hallucinations
- Trouble understanding/concentrating or remembering
- Trouble controlling violent behavior
- Attempted suicide
- Been prescribed medication for psychological/emotional problems

Medicated Assisted Treatment (Sub Entity of POM)

IBHRS introduces the ability to report the medications patients have been prescribed to assist in their treatment. Please see the IBHRS Provider Submission Guide page 126+ for additional information.

Diagnosis (Sub Entity of POM)

IBHRS introduces the ability to report patient diagnosis. Currently only the ICD-10 code set is able to be reported. Please see the IBHRS Provider Submission Guide page 132+ for additional information.

Stage of Change (Sub Entity of POM)

IBHRS introduces the ability to report the patient's perception of their where they are in their treatment for each applicable **Program Area**. Please see the IBHRS Provider Submission Guide page 135+ for additional information.

Quality of Life Measure (Sub Entity of POM)

IBHRS introduces **Quality of Life Measure** to report the patient's perception of their quality of life. There are nine questions to be reported. Please see the IBHRS Provider Submission Guide page 137+ for additional information.

- How would you rate your quality of life?
- How satisfied are you with your health?
- How satisfied are you with your mental health?
- How satisfied are you with your ability to perform your daily living activities?
- How satisfied are you with yourself?
- How satisfied are you with your personal relationships?

- How satisfied are you with the conditions of your living place?
- Do you have enough energy for everyday life?
- Do you have enough money to meet your needs?

Gambling Wager Activity Type (Sub Entity of POM)

This section of the POM is completed for where the **Care Status Program Area = Gambling Treatment.** IBHRS allows the reporting of all gambling wagering type activities that a patient participates in. There are some changes to the values used in IBHRS compared to I-SMART. Please see the IBHRS Provider Submission Guide page 143+ for additional information.

Overdose (Sub Entity of POM)

IBHRS introduces this section to report a patient's history (lifetime and past 30 days) of overdoses and the outcomes of those events. Please see the IBHRS Provider Submission Guide page 145+ for additional information.

Tuberculosis Risk Response (Sub Entity of POM)

IBHRS introduces this section to report any action taken as the result of a patients TB Screening (See **Pre-Screen Sub Entity**). Please see the IBHRS Provider Submission Guide page 152+ for additional information.

Suicide Risk Response (Sub Entity of POM)

IBHRS introduces this section to report any action taken as the result of a patients Suicide Screening (See **Pre-Screen Sub Entity**). Please see the IBHRS Provider Submission Guide page 153+ for additional information.

Service Event Data Set

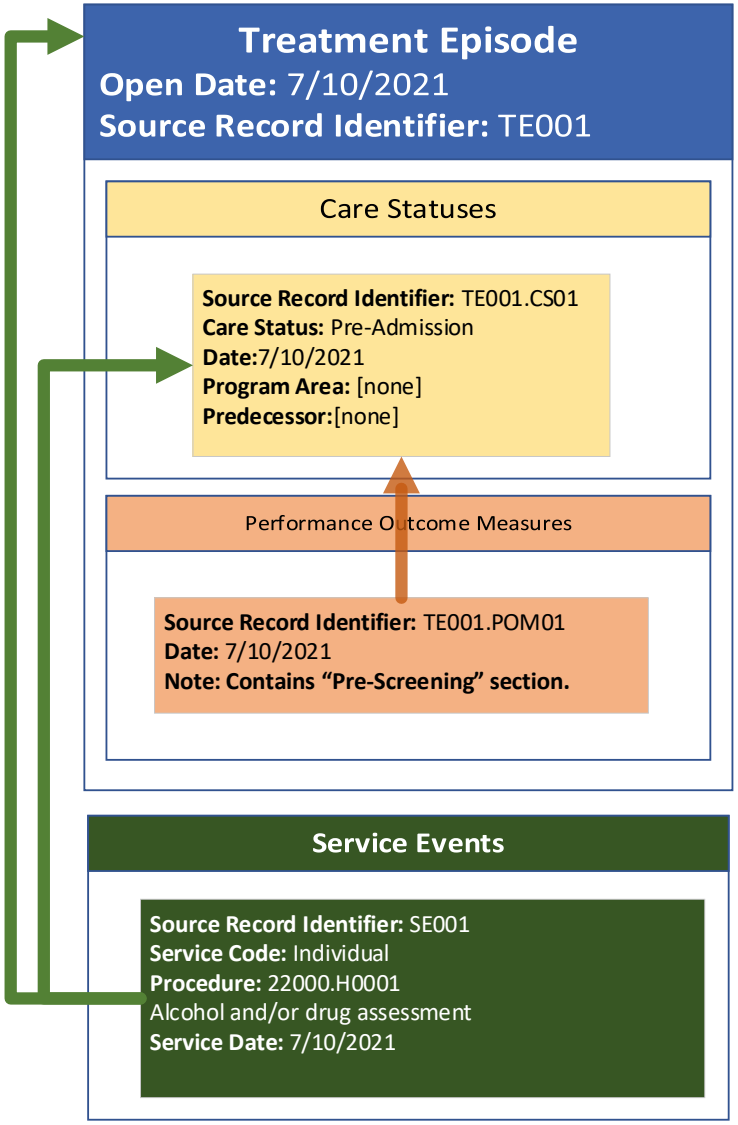
IBHRS introduces within the **Service Event Data Set** the ability to report the service procedures a patient receives. For specific services, service modifiers are required to be used (Integrated Provider Network Providers only). Additionally, a **Service Event** may be linked to more than one Program Area by linking to a Program Area's Care Status (**Service Event Care Status**). Additionally, the rendering staff member is reported as part of the Service Event. Please see the IBHRS Provider Submission Guide page 156+ for additional information.

- **Service Code:** Reports the type of Service Event being reported (Group, Individual, Intensive Outpatient, Recovery Support, Residential)
- **Procedure Source Code**: Reports the code table being used for the Service Procedure Code (HCPCS, CPT4 or the IDPH Code Table).
- **Procedure Code:** Reports the service procedure that the patient received.
- **Gender Specific Code:** Reports whether the Service Event being reported was Gender Specific (i.e., women specific, male specific, etc.).

IBHRS Data Flow Diagrams

The following pages contain diagrams to assist providers in understanding how data collection flows within IBHRS.

IBHRS Patient Data Flow



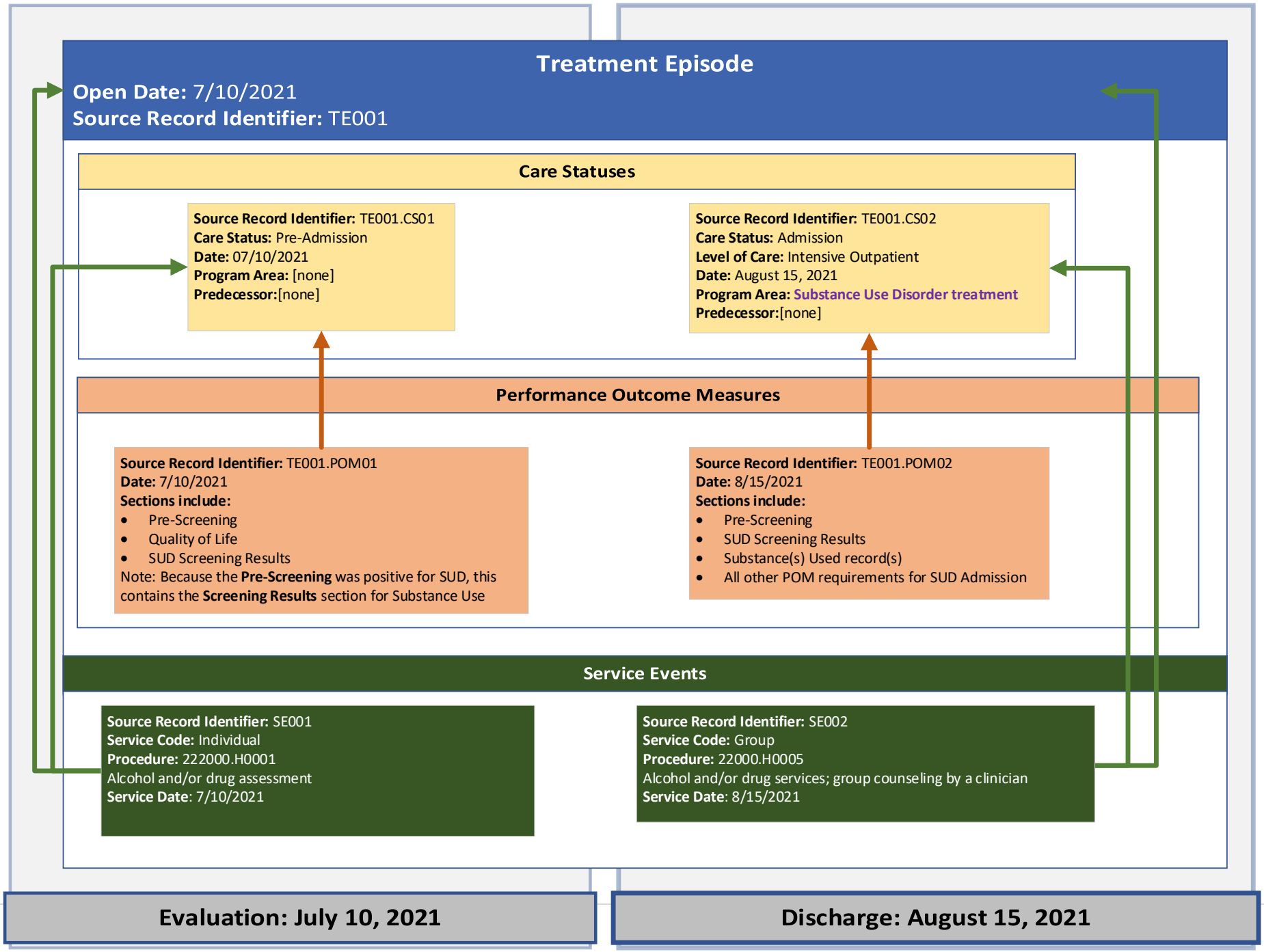
Example #1: Patient Does Not Screen Positive

In this example, a patient (not a concerned person) presents for an assessment (could be substance use, gambling, or both) on July 10, 2021, and the patient does not screen positive on any of the IBHRS Pre-Screening items.

IBHRS Data Reporting:

- *Provider Client*
- *Treatment Episode* with an **Open Date** of 7/10/2021
    - **Required fields include:** Referral Source; IV Drug Use Past 30 Days; Pregnant at First Contact Date; First Contact Date; Concerned Individual; and, Evaluator Allowed to Contact.
    - **Optional Sub Entity:** Special Initiative: Required if the patient was enrolled in one or more Special Initiatives
    - **Required Sub Entity: Care Status**
        - Status Code: Pre-Admission (Required)
        - Status Date: 7/10/2021 (Required)
        - Program Area: Blank
    - **Required Sub Entity: Performance Outcome Measure**
        - **Required Sections:**
            - Pre-Screening (the patient does not screen positive for any of the Screening Questions)
            - Quality of Life (
- *Service Event*
    - **Service**: Individual **Procedure:** Alcohol and/or Drug Assessment **Procedure Source**: HCPCS
    - **Service Date:** 7/10/2021
    - **Duration Number:** 60 **Duration Type**: Minutes **Payment Source:** Medicaid
    - Plus values for:
        - **Gender Specific; Rendering Provider First Name; Rendering Provider Last Name:** and, **Rendering Provider Suffix,**
    - **Service Event Procedure Modifier** (as applicable)
    - **Service Event Care Status**
- Close the *Treatment Episode* with a **Closed Date** of 7/10/2021

IBHRS Patient Data Flow



IBHRS Patient Data Flow

Example #2

Part 1: Patient assessed and recommended to SUD Treatment

In Part 1 of Example 2, a patient (not a concerned person) presents for an assessment on July 10, 2021, and upon completion of the assessment, SUD treatment is recommended. The Admission has been scheduled for August 15, 2021. Patient did not screen positive for gambling.

IBHRS Data Reporting:

- *Provider Client* (as applicable)
- *Treatment Episode* with an **Open Date** of 7/10/2021
    - **Required fields include:** Referral Source; IV Drug Use Past 30 Days; Pregnant at First Contact Date; First Contact Date; Concerned Individual; and, Evaluator Allowed to Contact.
    - **Optional Sub Entity:** Special Initiative: Required if the patient was enrolled in one or more Special Initiatives
    - **Required Sub Entity:** Care Status = Pre-Admission
        - **Status Date:** 7/10/2021
        - **Program Area**: Substance Use Disorder Treatment
    - **Required Sub Entity:** Performance Outcome Measure
        - **Required Sections:**
            - **POM Date**: 7/10/2021
            - **Pre-Screening**
            - **Screening Results**
                - **Program Area**
                - **Recommended ASAM Level of Care**
                - **Intention to Follow Recommendation**
            - **Quality of Life**
            - **Stage of Change** (due to Screening Result recommending treatment).

- *Service Event*
    - **Service**: Individual
    - **Procedure:** Alcohol and/or Drug Assessment **Procedure Source**: HCPCS
    - **Service Date:** 7/10/2021
    - **Duration Number:** 60 **Duration Type**: Minutes
    - **Payment Source:** Medicaid
    - Plus values for:
        - **Gender Specific; Rendering Provider First Name; Rendering Provider Last Name,** and, **Rendering Provider Suffix,**
    - **Service Event Procedure Modifier (as applicable)**
    - **Service Event Care Status**

Example #2

Part 2: Patient Admitted for SUD Treatment

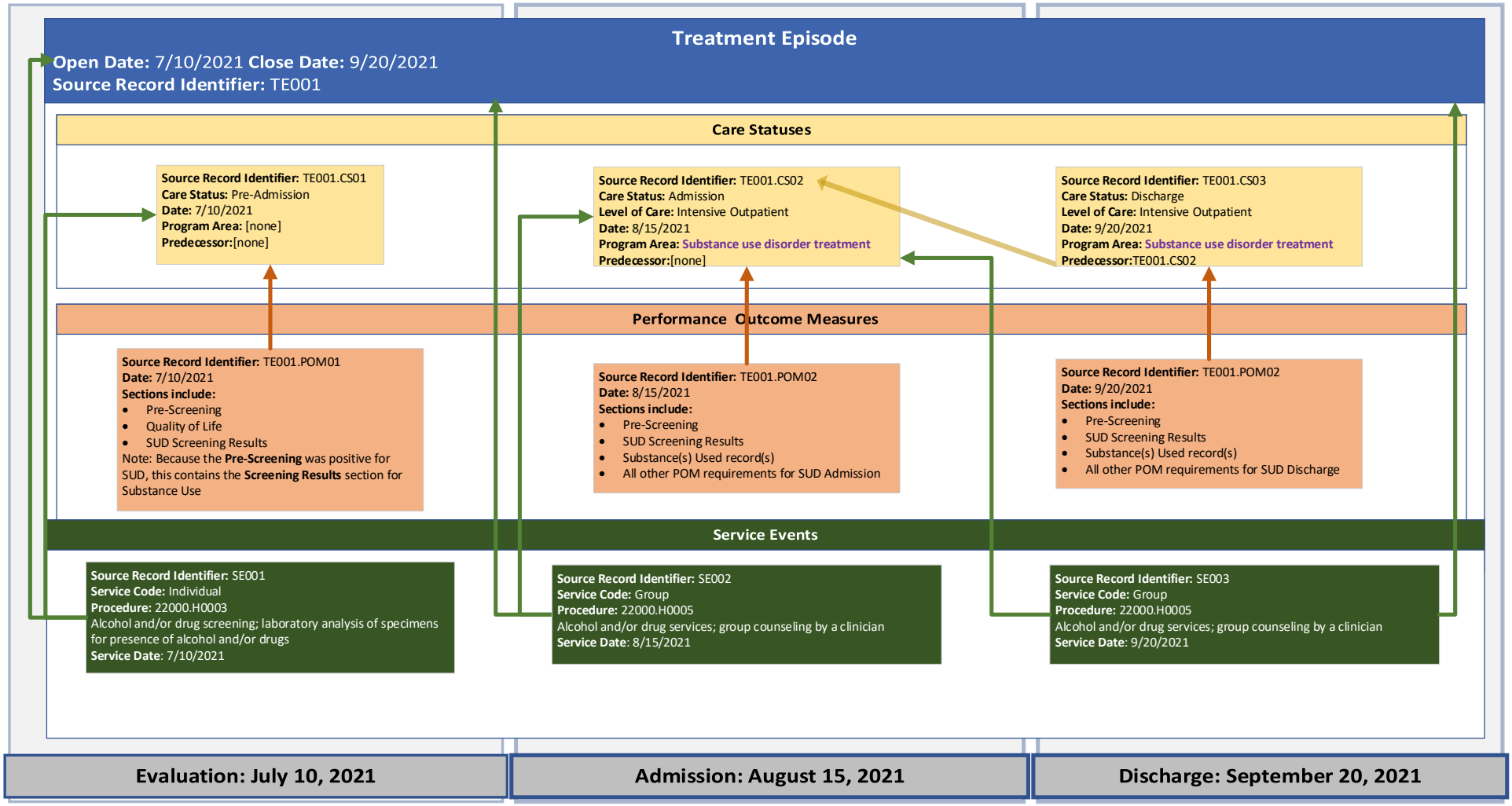
In Part 2 of Example 2, the patient (not a concerned person) returns for their admission appointment on August 15, 2021. Patient did not screen positive for gambling.

IBHRS Data Reporting:

- *Provider Client* (updated as applicable)
- *Treatment Episode* with an **Open Date** of 7/10/2021
    - Update as needed (Special Initiative, Referral Source, IV Drug Use Past 30 Days, Pregnant at First Contact Date, First Contact Date, Concerned Individual, Evaluator Allowed to Contact)
    - **Required Sub Entity:** Care Status = Admission
        - **Status Date**: 8/15/2021
        - **Program Area**: Substance Use Disorder Treatment
        - **Recommended Level of Care**: Intensive Outpatient
        - **ASAM Level of Care**: Intensive Outpatient
        - **Clinical Override Reason**: NA
        - **Prior Substance use Episode Known/Prior Substance Use Episode Count**
        - **Prior Gambling Episode Known/Prior Gambling Episode Count**
        - **In Care for Mental Health**: Yes
        - **Prior Mental Health Episode Known/Prior Mental Health Episode Count**
    - **Required Sub Entity**: Performance Outcome Measure (Required Sub Entities)
        - **POM Date:** 8/15/2021
        - **Female only; Pregnant; Pregnant last 12 Months**
        - **Days Substance Use in Past 30 Days Number**
        - **Pre-Screening, Client Demographic, Financial and Household, Education and Employment, Recovery Groups, Substance Used, Mental Health Symptoms** (if positive pre-screen), **Medication Assisted Treatment, Legal, Diagnosis, Stage of Change, Quality of Life Measures, Overdose, Tuberculosis Risk Response** (if positive pre-screen), **Suicide Risk Response** (if positive pre-screen).

- *Service Event*
    - **Service:** Individual **Procedure:** Behavioral Health Counseling and therapy for 15 minutes; **Procedure Source**: HCPCS
    - **Service Date:** 8/15/2021
    - **Duration Number:** 60 **Duration Type**: Minutes Payment Source: Medicaid
    - Plus values for:
        - **Gender Specific, Rendering Provider First Name, Rendering Provider Last Name,** and, **Rendering Provider Suffix**,
    - **Service Event Procedure Modifier (as applicable)**
    - **Service Event Care Status**

IBHRS Patient Data Flow



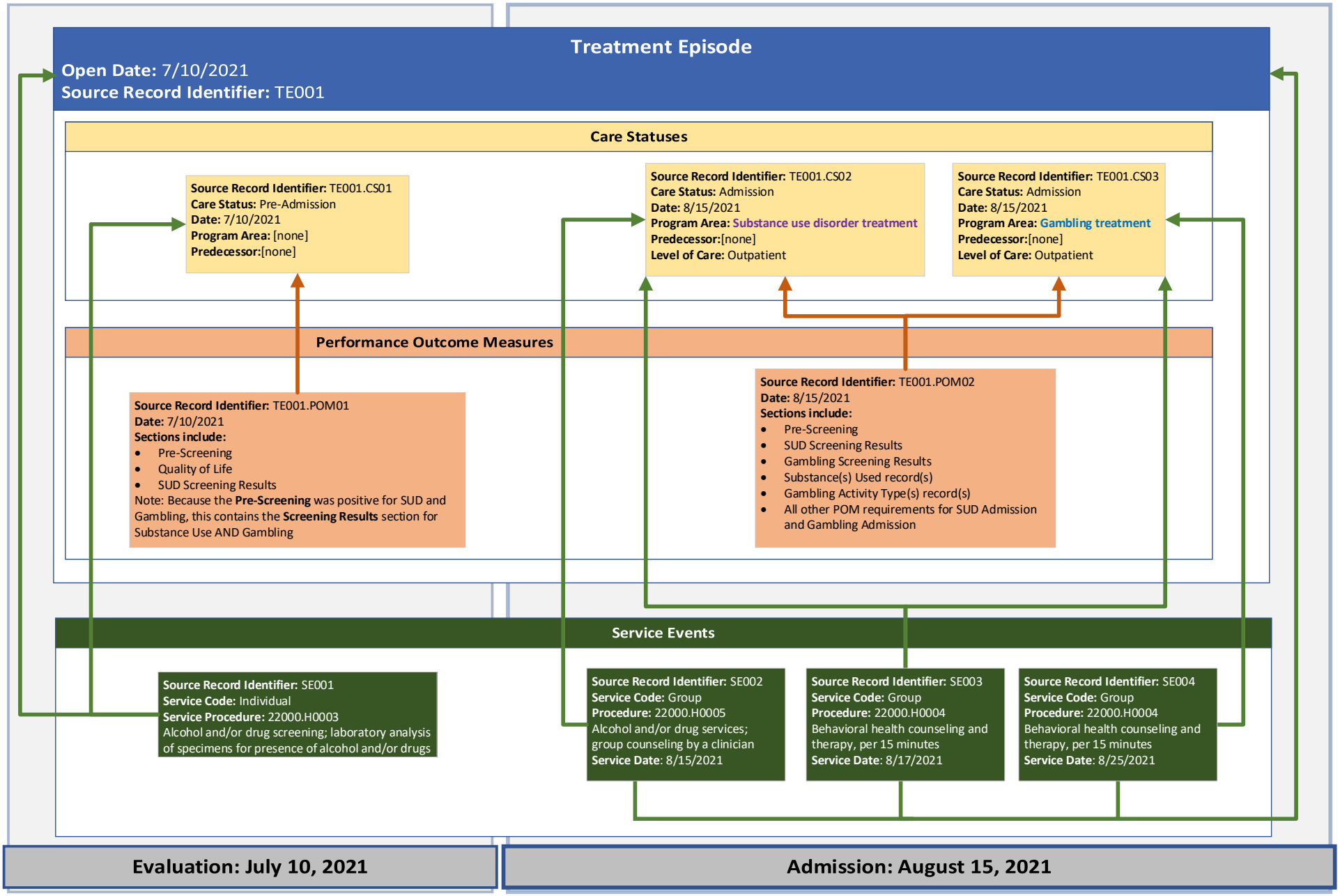
Example #3: Patient Is Discharged

This Example continues the treatment and the patient is discharged from services on 9/20/21.

IBHRS Data Reporting:

- *Provider Client:* Update with any changes.
- *Treatment Episode:* Collect and Report Pre-Screening, Screening Results, Substances Used, and all other POM sections from the discharge session with the patient. **Close Date** is 9/20/21. **Care Status** includes Discharge Reason.
- *Service Event:* Report the Service Event information for the Discharge Session on 9/20/21.

IBHRS Patient Data Flow



IBHRS Patient Data Flow

Example #4

Part 1: Patient assessed and recommended to SUD Treatment

In Part 1 of Example 2, a patient (not a concerned person) presents for an assessment on July 10, 2021, and upon completion of the assessment, SUD treatment is recommended. The Admission has been scheduled for August 15, 2021. Patient did not screen positive for gambling.

IBHRS Data Reporting:

- *Provider Client* (as applicable)
- *Treatment Episode* with an **Open Date** of 7/10/2021
    - **Required fields include:** Referral Source; IV Drug Use Past 30 Days; Pregnant at First Contact Date; First Contact Date; Concerned Individual; and, Evaluator Allowed to Contact.
    - **Optional Sub Entity:** Special Initiative: Required if the patient was enrolled in one or more Special Initiatives
    - **Required Sub Entity:** Care Status = Pre-Admission
        - **Status Date:** 7/10/2021
        - **Program Area**: Substance Use Disorder
    - **Required Sub Entity:** Performance Outcome Measure
        - **Required Sections:**
            - POM Date: 7/10/2021
            - Pre-Screening
            - Screening Results
                - Program Area
                - Recommended ASAM Level of Care
                - Intention to Follow Recommendation
            - Quality of Life
            - Stage of Change (due to Screening Result recommending treatment).
- *Service Event*
    - **Service**: Individual
    - **Procedure:** Alcohol and/or Drug Assessment **Procedure Source**: HCPCS
    - **Service Date:** 7/10/2021
    - **Duration Number:** 60 **Duration Type**: Minutes
    - **Payment Source:** Medicaid
    - Plus values for:
        - **Gender Specific; Rendering Provider First Name; Rendering Provider Last Name:** and, **Rendering Provider Suffix,**
    - **Service Event Care Status**

Example #4

Part 2: Patient Admitted for SUD Treatment

In Part 2 of Example 2, the patient (not a concerned person) returns for their admission appointment on August 15, 2021. **Patient screens positive for gambling.**

IBHRS Data Reporting:

- *Provider Client* (updated as applicable)
- *Treatment Episode* with an **Open Date** of 7/10/2021
    - Update as needed (Special Initiative, Referral Source, IV Drug Use Past 30 Days, Pregnant at First Contact Date, First Contact Date, Concerned Individual, Evaluator Allowed to Contact)
    - **Required Sub Entity:** Care Status = Admission (one for SUD and one for PG)
        - **Status Date:** 8/15/2021
        - **Program Area:** Substance Use Disorder Treatment & Problem Gambling Treatment
        - **Recommended Level of Care**: Outpatient (SUD) & Outpatient (PG)
        - **ASAM Level of Care**: Outpatient (SUD) & Outpatient (PG)
        - **Clinical Override Reason:** NA
        - Prior Substance use Episode Known/Prior Substance Use Episode Count
        - Prior Gambling Episode Known/Prior Gambling Episode Count
        - **In Care for Mental Health:** Yes
        - Prior Mental Health Episode Known/Prior Mental Health Episode Count
    - **Required Sub Entity**: Performance Outcome Measure (Required Sub Entities)
        - **POM Date**: 8/15/2021
        - Female only: Pregnant, Pregnant last 12 Months
        - Days Substance Use & Days Gambling in Past 30 Days Number
        - Pre-Screening, Client Demographic, Financial and Household, Education and Employment, Recovery Groups, Substance Used, Mental Health Symptoms (if positive pre-screen), Medication Assisted Treatment, Legal, Diagnosis, Stage of Change, Quality of Life Measures, Overdose, Tuberculosis Risk Response (if positive pre-screen), Suicide Risk Response (if positive pre-screen).
- *Service Event*
    - Service event for the Admission session on 8/15, 21 is reported and tied to both the SUD and PG Care Status as this session was the admission into both SUD and PG treatment.
    - Service Event on 8/20 and 8/21 are reported. The 8/20 Group Service Event is tied to both the PG and SUD Care Status and both SUD and PG were addressed in the group.. The 8/21 session is tied to the PG Care Status only as it was specific to gambling.

Note: In some cases all services may or may not be tied to both program areas depending on the provider's program design.