Iowa Department of Public Health

Iowa Gambling Treatment Program

I-SMART Problem Gambling Domain Data Entry User Guide and Manual

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Iowa Service Management and Report Tool (I-SMART) is an Internet-based patient management system that is an option provided by IDPH for licensed substance abuse and problem gambling treatment providers to administer, manage and provide cost efficient and quality substance abuse assessment and treatment services. Agencies receiving IDPH funding to provide gambling treatment and prevention services are required by contract to report problem gambling treatment and prevention data as directed by the Department.

Data Entry: Each agency is responsible for collecting and entering accurate data into I-SMART. If an agency encounters difficulty while entering data, this document should address most day to day questions. If users experience data entry error messages not covered within this manual, please contact the ISMART Help Desk at 1-866-339-7913 or ISmart.HelpDesk@idph.iowa.gov.

Data Entry Due Date: All required treatment and prevention data are to be entered by 11:59 PM on the 15th of each Month for the previous month's activity.

I-SMART Problem Gambling Domain Modules:

- Crisis Call Log: This module will not be used for crisis services on/after January 1, 2019.

- Gambling Education Service**:** This module will not be used for entering prevention services on/after January 1, 2019. Please see the IPN Prevention Manual.

- Crisis/Placement Screening
    - *Crisis:* This module is completed to report the management of early intervention services such as helpline calls, screenings, crisis visits, etc., for non-admitted gamblers, family members, and concerned persons requesting information or in distress as a result of problem gambling behavior.   This module will only be used when patient identifying information has been collected to complete the Crisis module.
    - *Placement Screening:* This module is completed to report an individual's appropriateness and eligibility for admission to a particular program.

- Admission: This module is completed to report patient admission status and information.

- 30 Day Follow-Up: This module is to be completed between day 30 and 45 post Admission to report the patient's progress during the first 30 days of treatment.

- Discharge: This module is completed to report patient discharge status and information.

Data Integrity Reports: Each month, agencies with identified data entry concerns will receive an email with an attachment containing the identified data entry concerns. Corrections are expected to be made by 11:59 PM on the 15th of the following month. If there are questions, please contact the ISMART Help Desk at 1-866-339-7913 or ISmart.HelpDesk@idph.iowa.gov.

Navigating this document: The Table of Contents is listed in alphabetical order to help locate an I-SMART field definition or value. For additional information please contact the ISMART Help Desk at 1-866-339-7913 or ISmart.HelpDesk@idph.iowa.gov.

Addresses: In the "Contact Info" screen, click on "Add Address" and enter the patient's current street address, city, state and zip code.

> *Note: If the patient is homeless, use the address of where the patient is staying. If the patient is living on the street or in a car, the user should state "Homeless" on the address line.*

Address Type: Select the appropriate response.
- Patient Billing: If different than patient's home
- Patient Home: Patient's current home address
- Patient Mailing: Patient mailing address, e.g., P.O. Box
- Patient Previous: User can document as many previous addresses as are necessary
- Patient Unknown: DO NOT USE; if homeless follow the directions in above
- Patient Work: Patient's current work address

Admission Date: Enter the date (mm/dd/yyyy) when the patient receives his or her first direct treatment or recovery service (date the patient was admitted to the program/agency).

Age at Assessment: I-SMART auto-calculates age at the time the assessment (Crisis, Placement Screening, Admission) is entered into I-SMART.

All prior arrests: Enter the number of times the patient has been arrested in their lifetime.

All prior arrests gambling related: Enter the number of problem gambling related arrests (lifetime).

> *Note: Some types of gambling-related arrests include violence, theft, forgery, embezzlement, bad checks, illegal gambling, etc.*

Based on this assessment is this patient being recommended for treatment: Select the appropriate response, "Yes" or "No".

Bankruptcy or other defaults since admission: Select the appropriate response, "Yes" or "No". If patient refuses to report, or the information is not known, select the appropriate response from the "Refused/Don't Know" drop down.

Case #: Each distinct Episode is numbered and referred to as a Case (sequentially determined by I-SMART when a new Episode is created).

> *Note: In general, for a problem gambling patient or concerned person, once 45 days has passed since the last service, the current episode (Case) is to be closed (if the patient was admitted, a discharge completed). When the patient returns after the case is closed, a new episode is begun (new Case #). If there are questions, please contact the I-SMART Help Desk at 1-866-339-7913 or ISmart.HelpDesk@idph.iowa.gov.*

Case Status: Always Open Active when in Crisis, Placement/Screening or Admission.

Client List: The list of patient files pulled up as a result of a Client Search on the Client Search screen.

Client Search: The user can use the Client Search feature on the Client Search screen to locate a patient file. Simply enter a patient name, Patient ID, SS#, or other identifiers shown on the screen and click "Go." The search results will show up on the Client List. The user can search for Patient lists using the following criteria:

- First Name
- Last Name
- Facility: Search for patient files that are associated with a particular facility.
- DOB: Date of Birth
- Treatment Staff: Search by staff listed as having provided treatment to the patient.
- Primary Care Staff: Staff listed as Primary Care Staff on the Treatment Team list.
- Unique Client Number: A patient identifier generated by the I-SMART system using a formula that combines the patient's birth date, and last 4 digits of the SS#.
- Provider Client ID: Providers can choose to identify each patient by an agency number. This is intended to supplement the Patient ID as an identifier. It does not replace the Patient ID.
- Intake Staff: The staff member that completed the Intake screen.
- Case Status: Case status refers to whether the patient file is Open, Closed, has No Case History (Patient Profile and Intake only) or Closed. The user can also search for All Open Cases.

Concerned Person Screening Tool (Gam-anon 20): This tool is completed with the concerned person prior to Admission. Enter the *Screening Date* and select the *Counselor* who completed the tool. The tool will auto-fill the *Total Yes Reponses* field. Click on *Finish* when completed.

Counselor: Select the staff name that provided the Crisis, Placement Screening, or Admission activity or when entering an encounter.

County of Residence: Select the patient's county of residence as indicated below.

- Crisis Contact: County of residence at the time of the crisis contact.
- Admission/Placement Screening: County of Residence **PRIOR** to admission.

    Note: For those reporting they are 'homeless' report the county they are staying in, i.e. sleeping under a bridge, in a shelter, where are they parking their car, etc.

Crisis: Includes management of early intervention services where a patient's information is known, such as helpline calls, screenings, and crisis visits for non-admitted gamblers, family members, and concerned persons requesting information or in distress as a result of problem gambling behavior.

Crisis Date: Enter the date that the individual was seen for an early intervention or crisis related service. This early intervention/crisis event would be for a non-admitted patient, prior to the admission module being completed with the individual. Date picker is available by clicking on the calendar Icon.

Current gross taxable individual monthly income: Enter the patient's monthly income before taxes *from all their sources*. If patient refuses to report, or the information is not known, select the appropriate response from the "Refused/Don't Know" drop down.
    Note: For Adolescents – Enter the patient's income at the time of the event - not parent's income.

Date: Enter the month (2 digits), day (2 digits), and year (4 digits) of the activity. Date picker is available by clicking on the calendar Icon.

Date of Birth: Enter patient's date of birth (mm/dd/yyyy). If unknown, enter 1/1/1900.

Date of Call: Enter the date of the crisis call.

Date of Discharge: Enter the date of the last service provided to the patient.

Date of First Contact: Enter the date (mm/dd/yyyy) the patient first made contact (phone call, walk in, etc.) with the agency to arrange/schedule their first appointment (evaluation/assessment/admission).

Date Last Gambled: Enter the month (2 digits), day (2 digits), and year (4 digits) of the date last gambled.

Days of Work or School Missed in Last 6 Months Due to a Gambling Related Problem: Enter the number of days missed in the last 6 months that are directly related to the patient's problem gambling.

Days of work or school missed in the last 30 days due to a gambling related problem since admission: Enter the number of days missed of Work/School since admission to treatment due to problem gambling related problems. *Do not count days of school or work missed due to the treatment experience.*

Disordered Gambling – SBIRT Pre-Screen and Screen Tool: This is an optional tool that can be used to screen an individual to help determine the need for further intervention about their gambling and related behaviors. Enter the assessment date. The tool has a "pre-screener" question, if the response is "5" or more; the next 9 questions will need to be answered. The tool will auto-populate the recommendation for Screening and Feedback, Brief Intervention, or Brief Intervention.

Do you have health insurance: Select either "Yes" or "No" on whether patient has health insurance.

Does insurance cover gambling treatment: Select either "Yes" or "No" depending on whether the patient's insurance policy (primary or supplemental) covers problem gambling treatment. If the patient has used up all benefits for problem gambling treatment, enter "Yes".

Duration: Enter the duration value per the **I-SMART Data Entry Matrix** (http://www.idph.iowa.gov/igtp/treatment under **IGTP Data Entry)** duration column.

During the last six months, has family or friends helped you financially so you could pay bills and expenses:
- No, but I haven't asked them to help.
- No, they have not helped me.
- No, they use to help but then stopped.
- Yes.

Education Level: Select the appropriate response.
- 2-Year College: Earned Associates Degree, or attended 2 years of college.
- 4-Year College: Earned Bachelor's Degree.
- Graduate or Professional Degree: Includes Master's and Doctoral study or degrees, Medical School, Law School, etc.
- High School Diploma or GED: Earned diploma or GED.
- Less than High School: Attended, but did not graduate from High School.
- Vocational or Technical Training: Includes business, technical, secretarial, trade, or correspondence courses which provide specialized training for skilled employment.

Employment Status: Select the appropriate status as defined below.
- Employed Full Time: 35 or more hours a week. Includes armed forces.
- Employed Part Time: Less than 35 hours a week.
- Unemployed-Looking for Work: Looking for work in past 30 days.
- Not in labor force: Homemaker, student, retired, person with a disability, inmate, not looking for work in past 30 days.

Encounters: An Encounter is to be entered into I-SMART for each treatment service and Recovery Support Service (RSS) provided to a patient.
- Start Date**:** Enter the date (mm/dd/yyyy) that the session being recorded started. Date range must be within the **Program Enrollment** for which the encounter is being entered under.
- End Date**:** Enter the date (mm/dd/yyyy) that the session being recorded ended. Date range must be within the **Program Enrollment** for which the encounter is being entered under.

Encounter Type: Select the appropriate Encounter Type for the service being entered:

- Individual Notes
- Group Notes
- Family Note
- 24 Hour Service (not applicable for Problem Gambling Domain)

Episode: This term refers to the time between a patient's entry into the I-SMART database and her/his case closing during the same treatment experience.

Note: For example, if a patient is seen for a crisis, then a placement screening followed by admission for treatment and then is discharged from treatment; I-SMART would label those services as one (1) episode of care.

Ethnicity: Select the patient's appropriate Hispanic Origin as defined below:

- Not Spanish/Hispanic/Latino/Mexican**:** Patient is not of Spanish/Hispanic/Latino or Mexican heritage.
- Puerto Rican: Patient is of Puerto Rican origin, regardless of race.
- Mexican: Patient is of Mexican origin, regardless of race.
- Cuban: Patient is of Cuban origin, regardless of race.
- Other Hispanic or Latino: Patient is of Hispanic origin, but specific origin is not known or not specified.
- Unknown
- Not Collected

Event Type: Select on the Encounter Note the type of patient activity as defined below:

- Admission: Service being entered as an Encounter is for a patient being/already admitted to treatment.
- Crisis Intervention: Service being entered as an Encounter is a crisis only (not yet admitted to treatment/services).
- Placement Screening/OWI: Service being entered as an Encounter is for a patient being seen for an assessment.

  Note: For agencies in which a patient has a placement screening (evaluation) and an admission service (Individual/Group service) on the same day, make sure that the correct Event Type is chosen for each service (Placement Screening for the Evaluation; Admission for the first treatment service) when the Encounters are entered.

Facility Name: Each physical location operated by an agency is named as a Facility.

First Name: Enter the individual's full legal first name.

Frequency of types of behaviors in the last 30 days: Enter the number of days in the last thirty days for each of the following:

- Alcohol
- Compulsive sex/romance/relationship
- Compulsive spending/shopping
- Compulsive work (use work to avoid/escape)
- Illicit ("Street") drug use
- Food abuse (self-starvation, binge, purge)
- Physical violence
- Prescription drug abuse
- Self-Mutilation
- Think about suicide
- Tobacco Use

Funding Source: Select the appropriate response

- State Reimbursement: Payment for patient's treatment subsidized by IDPH.
- Medicaid: Payment for patient's treatment primarily covered by Medicaid.
- Medicare: Payment for patient's treatment primarily covered by Medicare. No supplemental policy.
- Other Insurance: Payment for patient's treatment primarily covered by other insurance.
- Self-Pay: The patient or spouse pays for treatment.

Gambling Type: On the Intake screen, select from the following:

- **Gambler:** An individual experiencing difficulty related to their gambling behavior.
- **Concerned Person:** A person affected by the problem gambling behavior of an individual who needs problem gambling treatment services or a person willing to become involved in the treatment of an individual who gambles excessively. The concerned person may be a relative or non-relative of the individual.

Gambler Screening Tool - DSM INDICATOR: This tool is completed with the problem gambler patient prior to Admission. Enter the *Screening Date* and select the *Counselor* who completed the tool. If "Yes" is entered in the *Past 30 Days* column, it will auto-populate "Yes" in the Past 12 Months Column. The tool will auto-fill the *Total Yes Reponses* and *Classification* fields. Click on *Finish* when completed.

1. Did you find yourself thinking a lot about gambling, such as past gambling experiences, future gambling ventures, or ways of getting money for gambling?
2. Did you need to gamble with larger amounts of money or with larger bets in order to get the same feeling of excitement?
3. Did you repeatedly try to cut down or stop your gambling but have been unsuccessful?
4. Did you feel restless or irritable when you tried to cut down or stop gambling?
5. Did you gamble to run away from problems or to get relief from feeling depressed, anxious, or bad about yourself?
6. Did you, after losing money gambling, often return another day in order to win back your losses?
7. Did you lie to family members, friends, or others to hide your gambling from them?
8. Did you commit any illegal acts to finance your gambling, such as writing bad checks, theft, forgery, embezzlement, or fraud?
9. Did you lose or almost lose a significant relationship, job, or an education or career opportunity because of gambling?
10. Did you rely on others to provide money to relieve a desperate financial situation caused by gambling?

Gambler's Age When First Gambled: Enter the individual's age when they report first gambling.

Gambler's Age When Gambling Became a Problem: Enter the individual's age when they report gambling became a problem.

Gender: Select appropriate response.
- Male
- Female
- Unknown - *Use only if the interviewer is unsure of the gender and has not asked the question*.

Have you ever been incarcerated: Select "Yes" or "No" based on the patient's self-report. If patient refuses to report, or the information is not known, select the appropriate response from the "Refused/Don't Know" drop down.

Have you ever been treated for a drinking/drug problem? Select "Yes" or "No" based on the patient's self-report.

Have you ever been treated for a mental health problem: Select "Yes" or "No" based on the patient's self-report.
How Many Times: Enter the number of times that the patient reports being treated for a mental health problem.

Have you ever declared bankruptcy: Select "Yes" or "No" based on the patient's self-report. If patient refuses to report, or the information is not known, select the appropriate response from the "Refused/Don't Know" drop down.

How many days did you gamble in the last 30? Enter the number of days the patient reports gambling in the past 30 days.

How Much of Total Debt is a Result of Gambling : Enter the amount the patient reports their total debt from gambling. If patient refuses to report, or the information is not known, select the appropriate response from the "Refused/Don't Know" drop down.

Initial Contact: Enter appropriate value on how patient contacted agency to arrange Date of First Contact.
- By Appointment: Appointment was made for the patient by someone else.
- Other
- Phone: Patient called for an appointment.
- Walk-in: Patient made initial appointment by coming in to the facility.

Intake Date: Enter date the patient's intake information was entered into the system.
> *Note:* Agency may choose to use the date the patient first appeared for services (Date of First Contact).

Intake Facility: The Intake Facility is the physical location where the patient first receives services. Each physical location within an agency is named as a Facility. Should the patient later switch facilities for services, changing the Intake Facility location will allow users to access the patient file at the most recent facility.

Intake Staff: Select the staff member that completed intake.

In the last 30 days have you: Select Yes or No for the following (If information is not known, or patient refused to answer, select Refused/Don't Know).
- Been late paying your bills
- Committed illegal acts to get money to gamble with
- Given up or greatly reduced important activities so you could gamble
- Had difficulty managing your responsibilities at work, school or home
- Had difficulties with family and/or friends
- Recognized and expressed your feelings inappropriately
- Felt generally dissatisfied with your life
- Lacked self-confidence or felt bad about yourself

In the last 30 days did you gamble at these places even once: Select all places from the list below (more than one can be selected).
- Casino
- Convenience Store
- Home or Friend's Home
- Internet
- Other
- Racetrack
- School
- Sporting Event
- Work

In the last 30 days did you receive any form of counseling and support from a private, public or self-help group for any of the following: Select "Yes" or "No" based on the patient's self-report. If "Yes" please select all types of self-help received.
- Alcoholics Anonymous
- Domestic Abuse
- Mental Health
- Sexual Addiction
- Financial
- Gambling
- Substance Abuse

In the last 30 days how much did you lose gambling: Enter the amount the patient reports losing on gambling. If patient refuses to report, or the information is not known, select the appropriate response from the "Refused/Don't Know" drop down.

In the last 30 days is your current total gambling debt: Select from the following the status of the patient's gambling debt:
- About the same
- Less
- More

Jobs lost due to a gambling related problem in the last 6 months: Enter the number of jobs lost because of gambling related problems.

Jobs lost due to gambling-related problem since admission: Enter the number of jobs lost since admission to treatment related to problem gambling.

Kinds of wagering in the last 30 days: Enter the number of days a wager was placed for each listed gambling activity.

Last Name: Enter the individual's legal last name. If there is a last name suffix, include after the last name (i.e., Jones, III).

Length of Call: Enter the minutes rounded to the nearest quarter hour. For a crisis call less than 15 minutes, enter "15".

Military Status: Indicates whether the patient has served in the uniformed services (Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service Commissioned Corps, Coast and Geodetic Survey, etc.)

- Active Duty
- Combat Veteran
- Discharged
- In Reserves
- None
- Veteran

Note: A veteran is a person 16 years or over who has served (even for a short time), but is not now serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, Coast Guard, or Commissioned Corps of the U.S .Public Health Service or the National Oceanic and Atmospheric Administration, or who served as a Merchant Marine seaman during World War II. Persons who served in the National Guard or Military Reserves are classified as veterans only if they have ever been called or ordered to active duty (excluding the 4-6 months of initial training and yearly summer camps).

Months Employed in Last 6 Months: Enter the number of months patient was employed (includes part-time) in the last 6 months.

Months Employed Since Admission: Enter the number of months employed since admission. Include part time employment. If unemployed, enter "0".

Name of Counselor: Select the staff name that provided the Crisis contact for the Crisis Call Log.

Not including this time, how many times have you been in a gambling treatment program: Enter the number of times that the patient reports being treated for problem gambling.

Not in Labor Force Reason: Select the appropriate Employment Status as defined below.
- Disabled: Unable to work because of a disability.
- Homemaker: No paid employment, primary home caretaker.
- Incarcerated: Confined to jail or prison that restricts the patient from securing employment.
- Retired: Left last job because of age.
- Seasonal or Temporary: Employment is fluctuating or restricted according to the season, time of year, or temporary nature, and may or may not have need for additional employment.
- Student: Patient is a full time student. Not looking for work in the past 30 days.
- Unemployed (not looking): Patient is employable, but is not employed and is not looking for work.

Number of Children: Enter the number of children in the household and/or children for whom the patient is financially responsible.

Number of arrests gambling related since admission: Enter the number of gambling related arrests since admission to treatment. If patient refuses to report, or the information is not known, select the appropriate response from the "Refused/Don't Know" drop-down.

Number of Sessions/Units: For all services equals "1" as an encounter is to be entered for each service provided. See Problem Gambling I-SMART Data Entry Matrix (http://www.idph.iowa.gov/igtp/treatment under **IGTP Data Entry).**

Occupation: Select the appropriate response based on patient's current occupation.

- None
- Crafts/Operatives
- Farm Owner Laborers
- Laborers
- Prof/Managerial
- Sales/Clerical
- Service/Household
- Construction and Extraction Occupations
- Education, Training, and Library Occupations
- Farming, Fishing, and Forestry Occupations
- Food Preparation and Serving Related Occupations
- Healthcare Practitioners and Technical Occupations
- Healthcare Support Occupations
- Installation, Maintenance, and Repair Occupations
- Legal Occupations
- Life, Physical, and Social Science Occupations
- Management Occupations
- Military Specific Occupations
- Office and Administrative Support Occupations
- Personal Care and Service Occupations
- Production Occupations
- Protective Service Occupations
- Sales and Related Occupations
- Transportation and Material Moving Occupation

Other Payment Source: Select other source of payment for the patient's current treatment episode as defined below. In most cases, Self-Pay will be the used if the patient has Insurance or qualifies for the sliding fee (State Reimbursement). In the case of Medicaid, select "No Charge".

- BC/BS: Payment for patient's treatment primarily covered by Blue Cross/Blue Shield.
- HMO: Payment for patient's treatment primarily covered by HMO insurance.
- Medicaid: Payment for patient's treatment primarily covered by Medicaid.
- Medicare: Payment for patient's treatment primarily covered by Medicare. No supplemental policy.
- Medicare Eligible: Payment for patient's treatment primarily covered by Medicare.
- Medicaid Eligible: Payment for patient's treatment primarily covered by Medicaid.
- Medicaid/Medicare Eligible: Payment for patient's treatment primarily covered by both Medicare and/or Medicaid.
- No charge: The patient is not required to pay for treatment. *(Do not use this code if someone else other than the patient pays for treatment.)*
- Other Government: Payment for patient's treatment primarily covered by CHAMPUS, VA contract, OWI, TASC, or other State agencies, except IDPH.
- Other Health Insurance: Payment for patient's treatment primarily covered by other insurance.
- Private Pay: Payment for patient's treatment primarily covered by other Private Payment source.
- Self-Pay: The patient or spouse pays for treatment.
- State Non-Unit Reimbursement: Expired in the I-SMART TABLE as of June 30, 2015.
- State Reimbursement: Payment for patient's treatment subsidized by IDPH.
- Unknown: This value is only allowed for an Encounter with an Event Type of Crisis.
- Workers Compensation: Payment for patient's treatment primarily covered by Workers' Compensation.

Phone Number: Enter phone number. If patient has no phone, enter 000-000-0000.

Placement Screening Date: Enter date that Placement Screening of the patient was completed.

Presenting problem (in patient's own words): Enter what the patient reports as their reason for seeking treatment. *(If the patient does not comment, enter the reason for the patient's contact with the agency.)*

Primary Payment Source: Select the primary source of payment for the patient's current treatment episode as defined below.

- BC/BS: Payment for patient's treatment primarily covered by Blue Cross/Blue Shield.
- HMO: Payment for patient's treatment primarily covered by HMO insurance.
- Medicaid: Payment for patient's treatment primarily covered by Medicaid.
- Medicare: Payment for patient's treatment primarily covered by Medicare. No supplemental policy.
- Medicare Eligible: Payment for patient's treatment primarily covered by Medicare.
- Medicaid Eligible: Payment for patient's treatment primarily covered by Medicaid.
- Medicaid/Medicare Eligible: Payment for patient's treatment primarily covered by both Medicare and/or Medicaid.
- No charge: The patient is not required to pay for treatment. *(Do not use this code if someone else other than the patient pays for treatment.)*
- Other Government: Payment for patient's treatment primarily covered by CHAMPUS, VA contract, OWI, TASC, or other State agencies, except IDPH.
- Other Health Insurance: Payment for patient's treatment primarily covered by other insurance.
- Private Pay: Payment for patient's treatment primarily covered by other Private Payment source.
- Self-Pay: The patient or spouse pays for treatment.
- State Non-Unit Reimbursement: Expired in the I-SMART TABLE as of June 30, 2015.
- State Reimbursement: Payment for patient's treatment subsidized by IDPH.
- Unknown: This value is only allowed for an Encounter with an Event Type of Crisis.
- Workers Compensation: Payment for patient's treatment primarily covered by Workers' Compensation.

Program Enrollment End Date: Enter the date on which the patient is unenrolled from a program.

Program Enrollment Start Date: Enter the date on which the patient is enrolled in a program.

Program Name: The **Program Name** documents the name of the program in which the patient's encounter is being recorded.

> *Note:* Each patient must be enrolled in a program in order to create an encounter documenting the services provided that patient.

Program Staff: Select the staff name that is associated with the **Program Name** selected.

Race: Select the race with which the patient most closely identifies.

> *Note:* If the patient is of Hispanic or Latino origin (being Hispanic or Latino is not a race, but rather an ethnicity) they must also report a race. If a patient refused to acknowledge a race, choose Not Collected.

- Caucasian: A Caucasian person having origins in any of the people of Europe (including Portugal), North Africa, or the Middle East.
- African American/Black: A person having origins in any of the Black racial groups of Africa.
- American Indian: A person having origins in any of the original people of North America and South America (including Central America) and who maintain cultural identification through tribal affiliation or community attachment.
- Asian: A person having origins in any original people of the Far East, the Indian subcontinent, or Southeast Asia, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand, and Vietnam.
- Hawaiian/Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Alaskan Native: A person having origins in any of the original people of Alaska (Aleut, Eskimo, Indian).
- Unknown
- Not Collected

Reason for Discharge: Select the appropriate reason the patient was discharged from services.
- Change in Treatment Status: Expired in the I-SMART TABLE as of June 30, 2015.
- Patient Left: Patient left before completing treatment (Against Staff Advice).
- Completed Treatment: Patient successfully completed all parts of the treatment plan or program.
- Death: Patient died while in treatment (critical incident report is required to be sent to IDPH).
- Incarcerated: Patient was incarcerated before able to complete the treatment plan.
- Lack of progress: Decision to discharge patient due to lack of progress and/or noncompliance with treatment plan.
- Referred to outside agency: Referral made before patient could satisfactorily complete treatment.
- Substantially Treated: Patient completed a majority, but not all, of their treatment plan goals.

Referral Source: Select the appropriate response for the person or agency that encouraged the patient to seek services.

- Alcohol/Drug Abuse Provider: Any program/clinic or other health care provider whose principal objective is the treatment of patients who have substance abuse problems, or a program whose activities are related to prevention, education, and/or treatment of alcoholism or drug abuse.
- Community Mental Health Clinic: Includes a psychiatrist, psychiatric hospitals, and mental health programs.
- Debt Counselor: Includes any professional that assists with financial or debt management.
- Employer (EAP): This includes a supervisor or an employee counselor.
- GA/ Gamanon: Gamblers Anonymous/Gamanon members referring individuals.
- Health Care Provider: A physician, psychiatrist or other licensed health care professional; or general hospital, psychiatric hospital, mental health program or nursing home.
- Helpline: Gambling treatment or other related helpline referring the patient for services.
- Other Community: Includes a federal, state, or local agency (not part of the Iowa Department of Human Services) that provides aid in the areas of poverty relief, unemployment, shelter, or social welfare. Community and religious organizations are included in this category.
- Other Criminal Justice/Court: Includes referrals from a judge, prosecutor, probation officer, police, or other law enforcement.
- Other individual: Includes family or friend, or any other person.
- School: A school principal, counselor, teacher, or student assistance program; the school system or education agency.
- Self: Includes the patient, a family member, friend or any other individual who would not be included in any of the following categories.
- Spouse/Partner: Includes a spouse and living as married with another person.

Relationship Status: Select the patient's current status:

- Cohabiting: Living as married with any other individual.
- Divorced: The legal dissolution of a marriage by a court or other competent body.
- Married: Living with spouse.
- Other: Does not fall under any listed relationship status.
- Single: Never married. Persons whose only marriage has been annulled are classified as single.
- Separated: Legally or otherwise absent from the spouse because of marital discord.
- Widowed: Lost spouse by death and has not remarried.

Screening Date: Enter the date or select date using the date picker/calendar.

Service: Enter the type of service that was provided to the patient during the Encounter.

Service Location: Enter the location where the treatment service was provided to the patient.

Social Security Number (SSN): Enter either last four digits or complete SSN.

> *Note:* *I-SMART currently accepts either the last 4 digits of any patient's social security number or the patient's complete number. If the patient has no SSN or if it is unknown, the user can create a number by using the format 999-00-0001, 999-00-0002, etc., where the first three numbers are always 999. The agency will have to keep track of SSN's it creates.*

Source of Referral: Select the appropriate response for the person or agency that encouraged the patient to seek services.

- Alcohol/Drug Abuse Provider: Any program/clinic or other health care provider whose principal objective is the treatment of patients who have substance abuse problems, or a program whose activities are related to prevention, education, and/or treatment of alcoholism or drug abuse.
- Community Mental Health Clinic: Includes a psychiatrist, psychiatric hospitals, and mental health programs.
- Debt Counselor: Includes any professional that assists with financial or debt management.
- Employer (EAP): This includes a supervisor or an employee counselor.
- GA/ Gamanon: Gamblers Anonymous/Gamanon members referring individuals.
- Health Care Provider: A physician, psychiatrist or other licensed health care professional; or general hospital, psychiatric hospital, mental health program or nursing home.
- Helpline: Gambling treatment or other related helpline referring the patient for services.
- Other Community: Includes a federal, state, or local agency (not part of the Iowa Department of Human Services) that provides aid in the areas of poverty relief, unemployment, shelter, or social welfare. Community and religious organizations are included in this category.
- Other Criminal Justice/Court: Includes referrals from a judge, prosecutor, probation officer, police, or other law enforcement.
- Other individual: Includes family or friend, or any other person.
- School: A school principal, counselor, teacher, or student assistance program; the school system or education agency.
- Self: Includes the patient, a family member, friend or any other individual who would not be included in any of the following categories.
- Spouse/Partner: Includes a spouse and living as married with another person.

Start New Episode: This hyperlink exists on the Episode List screen and is used to start a new episode of treatment in any particular facility.

Termination Reason: Select from the drop down list the reason for closing the program enrollment.

- Admin termination: Agency decision to close the program enrollment.
- Assessment Completed: Assessment completed.
- Deceased: Patient died while in treatment (critical incident report is required to be sent to IDPH).
- Disciplinary violation: Agency decision to close the program enrollment.
- Incarcerated: Patient was incarcerated before able to complete the treatment plan.
- Left against Tx advice: Patient left before completing treatment (Against Staff Advice).
- Left w/notice: Patient left before completing treatment (Against Staff Advice).
- Left w/o notice: Patient left before completing treatment (Against Staff Advice).
- Referred: Referral made before patient could satisfactorily complete treatment.
- Transferred: Patient transferred to another facility/program within the agency.
- Tx completion: Patient successfully completed all parts of the treatment plan or program.
- Waitlist program available: Patient transferred to another facility/program within the agency.

The results of the assessment have been explained to the patient and the patient agrees to treatment: Select "Yes" or "No".

Times arrested in last 12 months: Enter the number of times the patient has been arrested in the past 12 months.

Times arrested since admission: Enter the number of times the patient has been arrested since being admitted. If patient refuses to report, or the information is not known, select the appropriate response from the "Refused/Don't Know" drop down.

To objectively evaluate the state's gambling treatment services, we would like our evaluator at the University of Northern Iowa to be able to contact you. Is it OK to give them your contact information so they can ask for your confidential feedback approximately six months after you leave treatment: Select "Yes" or "No".

Total amount required to pay all over-due bills: Enter the amount the patient reports is needed to pay all over-due bills. If patient refuses to report, or the information is not known, select the appropriate response from the "Refused/Don't Know" drop down.

Total credit card debt: Enter the amount the patient reports is their current total credit card debt. If patient refuses to report, or the information is not known, select the appropriate response from the "Refused/Don't Know" drop down.

Total Debt: Enter the total amount of debt the patient reports. If patient refuses to report, or the information is not known, select the appropriate response from the "Refused/Don't Know" drop down.

> *Note: Total debt may include, but is not limited to, such items as a first mortgage, second mortgage, home improvement loan, car loan, business loan, personal loan from family and friends, life insurance loan, credit card debt, back taxes (federal, state, and sales), debt owed to bookies, and any other debt.*

Total household monthly income: Enter the total family monthly income. If patient refuses to report, or the information is not known, select the appropriate response from the "Refused/Don't Know" drop down.

> *Note: If after all possible attempts have failed to even estimate household monthly income or the patient refuses to reveal the income, then use then use "Refused/Don't Know" drop down. "Total Household Monthly Income" cannot be less than the Current gross taxable individual monthly income.*

Unique Patient Number: Auto-generated by I-SMART from the year, month, and day of birth (YY/MM/DD) plus the last four digits of the patient's social security number.

Waiting Time: I-SMART auto calculates the number of calendar days from the Date of First Contact from the intake screen in relation to date of the Crisis/Placement Screening/Admission.

Was a concerned person also involved in treatment: Select "No" if the patient did not have a family member or concerned individual participate in treatment. Enter "Yes" if the patient did have a family member or concerned individual participate in treatment.

Was gambling an accepted activity when growing up: Select the appropriate response, "Yes" or "No".

What is the treatment domain of this intake: Select "gambling" for a problem gambling related treatment episode.

When you gamble, what is your preferred method of gambling? Select the appropriate response for each method listed (Primary, Secondary, Tertiary should each only be used once).

- <u>Primary:</u> Identifies the patient's primary wagering method.
- <u>Secondary:</u> Identifies the patient's secondary wagering method.
- <u>Tertiary</u>: identifies the patient's tertiary (third) wagering method.
- <u>NA</u>: Not applicable

When you gambled in the last 30 days were you usually alone: Select the appropriate response, "Yes" or "No".

Which one of the following statements best applies to you right now: Select the response per the patient's self-report.

- I am seriously considering reduction or stopping my problem gambling behaviors in the next 6 months.
- I have already begun to reduce or quit my problem gambling behaviors within the past 6 months.
- I have no intention of changing my problem gambling behaviors.
- I plan to reduce or quit my problem gambling behaviors in the next month.

- I reduced or quit my problem gambling over 6 months and have been able to maintain these changes during this period of time.

With Whom Did The Gambler First Gamble: Select whom the patient first gambled.

- Business Group
- Family Group
- Friend

- Parent
- Relative
- Sibling

- Self
- Other

This module is completed to report the management of pre-admission early intervention services (individual and group sessions). This may include helpline calls and pre-admission visits with non-admitted gamblers, family members, or concerned persons requesting information or are in distress as a result of problem gambling behavior.

To complete a Crisis activity in I-SMART, the following information about the person will need to be gathered (hard and soft yellow) fields in I-SMART.

> *Note: In those early intervention/crisis situations where the caller or individual is not willing to share the minimal information necessary to complete an I-SMART record, please track internally and report via IowaGrants Claim and Claim Support Documentation. Early Intervention documentation may be reviewed during retrospective reviews.*

PATIENT PROFILE (***Note**: Before entering a new patient, it is always good practice to complete patient searches by SS#, Last Name, First Name, and Date of Birth, to help minimize the possibility of creating a duplicate Patient Profile)*
- **Profile** screen
  - **First Name, Last Name**
  - **Gender**
    - Select "unknown" if caller is not willing to disclose their gender.
  - **DOB** – Date of Birth
  - **SSN** – Social Security Number - only the last four digits are necessary
    - If the caller is not willing to disclose the last four digits of their SS#, the agency may enter 0001 as the SS#, and then track this assignment internally, so the next "like" situation, 0002 is assigned, and so on.
    - Users can use the sort feature on the Patient List to sort by **SSN** to be able to determine the next number of the "counter" sequence.
  - **Ethnicity –** select the appropriate response
  - **Races –** select the appropriate response(s)
- **Contact Info** screen
  - **Home Phone –** enter phone number (if a phone number is not given, enter "000-000-0000")
  - **Address –** enter address

NOTE: In order to close a case in I-SMART, all required fields (hard yellow and soft yellow) need completed in the Patient Profile.

EPISODE LIST (select "Gambling" when starting Episode)
- **Intake Case Information** screen
  - **Intake Facility** – select the appropriate facility
  - **Intake Staff** – select the appropriate staff
  - **Initial Contact** – select the appropriate response
  - **County of Residence** – select the appropriate county where the caller currently lives
  - **Source of Referral** – select appropriate response, Helpline is an option
  - **Date of First Contact** – enter the date the individual first contacted the agency
  - **Presenting Problem** – enter in the patient's own words.
  - **Gambling Type** – select either "gambler" or "concerned person"

NOTE: *A **Crisis** episode may remain open for a period of 30 days.   If no further activity occurs within 30 days of the last encounter, then the episode and case may be closed. In cases were the same patient has another **Crisis** episode, re-open the case in I-SMART and start a new episode.*

CRISIS AND PLACEMENT
- Click on **Add New Crisis Record**
    - **Counselor** – select appropriate staff
    - **Date** – enter date of the Gambler Crisis
    - **Funding Source** = State Reimbursement
- Click on **Finish**

PROGRAM ENROLLMENT
- Click on **Add Enrollment**
- Complete **Program Enrollment Profile**
    - For most agencies, a "Pre-Admission" default program is created.

NOTES/ENCOUNTER
- Click on **Add Encounter Record**
- Complete **Encounter**
    - **Event Type** = Crisis Intervention
    - **Service** = Gambling – Crisis Service (Pre-Admission) or Gambling – Crisis Service E-therapy (Pre-admission)
    - **Primary Payment Src** = State Unit Reimbursement
    - **Other Payment Src** = No Charge

30 DAY FOLLOW UP MODULE

A 30 Day Follow-Up is to be completed for admitted patients between 30-45 days post Admission. This can be done face-to-face or non-face-to-face.

A follow-up cannot be entered into the system for a given patient unless that patient is currently in "Admitted" status. There is not a business rule in place to prohibit completion prior to 30 days or after 45 days.

In SFY 2016 an enhancement will be deployed which will reduce the number of screens and questions in the 30 Day Follow-up as shown below:
- Profile
    - Enter date of the Follow-up
- Wagering
    - Enter wagering done by the patient in the past 30 days
- Behavioral
    - Enter the number of days in the past 30 for each of the behaviors listed
- Edu/Emp (Education and Employment)
    - Enter the number of days in the past 30 days in which the patient missed work/school due to a gambling related problem since admission.
- Financial
    - Enter the appropriate response base on patient self-report for the past 30 days since admission.
- Intent/Recommend
    - Enter the appropriate response based on patient self-report.

If there are questions, please contact the I-SMART Help Desk at 1-866-339-7913 or ISmart.HelpDesk@idph.iowa.gov.