

Iowa-Service Management Reporting Tool (I-SMART) Training Manual

This training manual outlines the basics of managing client files in I-SMART; Iowa's required data entry management system.

Modules

Accessing I-SMART

Home

Add Client

Intake

Assessment – Scores, TAP

Admission

Treatment Team

Treatment –TX Plan, TX Review,
Medications

Notes – Group Notes, Encounters, Misc. Notes

Discharge

Consent, Wait List, Referral

Basic System Elements

August 2008

I-SMART Training Manual

This training document focuses on the basic elements required for navigation, data entry, help, search and messaging.

Basic System Elements

- Menus
- Toolbar Icons and Hyperlinks
- Navigation Buttons
- Table Actions
- Controls
- Messaging
- Insert, View, Search
- Conventions
- Help
- Auto-Complete
- Creating a Shortcut

August 2008

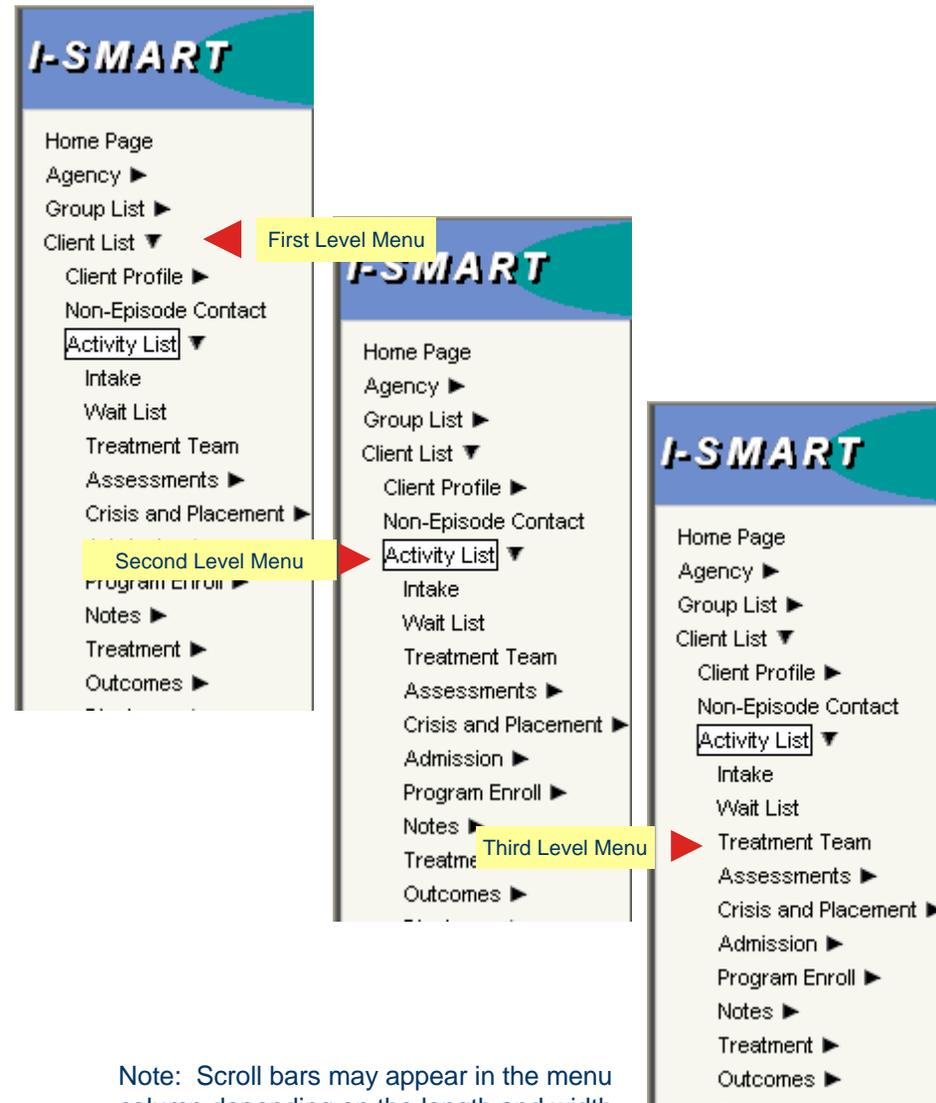
Basic Elements

Menus

1. **Menu:** The I-SMART main menu appears in the far left column of the screen. First level menu items are left-most aligned, and may include **Home Page, Agency, Client List, Reports, and My Settings**. However, depending on the user's access level, some or all may be visible.

There are over 200 screens in I-SMART, but far fewer are used for data entry. For ease of navigation, screens are organized by function. Therefore, **Client List** will have a complement of screens which relate to the management of clients. These screens are accessed and organized through a second level sub-menu.

2. **Sub-menus:** Once the user has selected a high level function using the First level menu, such as **Client List**, the menu expands to display the second level sub-menu. The sub-menus allow the user to navigate to specific screens without having to use next and back keys. If a menu item has a sub-menu, you will see a small black triangle to the right of the label. The triangle points down when the sub-menu is displayed (menu expands) and points to the right when the sub-menu is not displayed.
3. **Highlighting Selections:** When you place your cursor over a menu item, it is outlined with a dotted box. Use a single, left-click of your mouse to select the menu item and display the associated screen. When selected, the menu item will be outlined with a box.

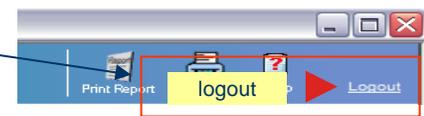
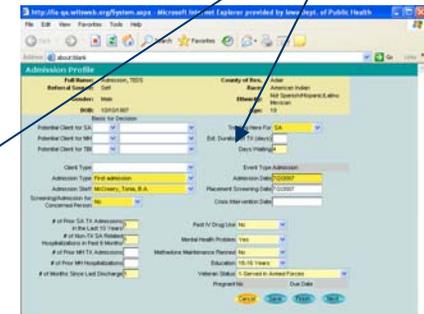
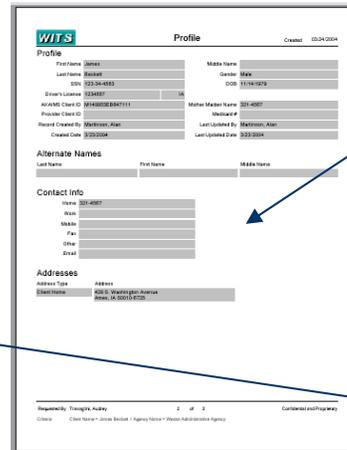
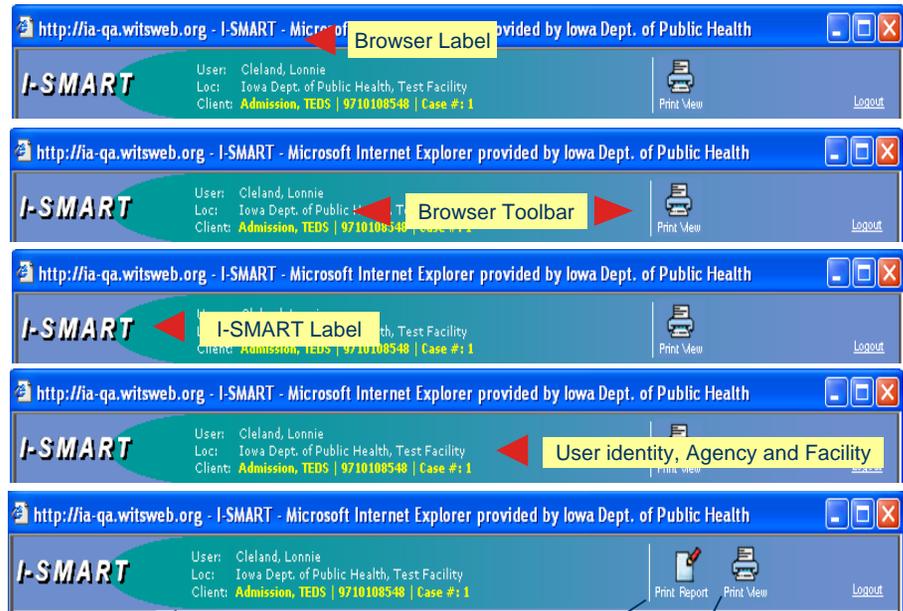


Note: Scroll bars may appear in the menu column depending on the length and width of the menu.

Basic Elements

Toolbar Icons and Hyperlinks

4. **Browser Label:** The browser label will depict the name of the screen and the browser vendor. In this example, the user is in the **Home** screen, and the browser vendor is Microsoft Internet Explorer.
5. **I-SMART Toolbar:** This is the uppermost portion of the screen, and contains the: I-SMART icon, User Identity and Context, Print and Help Icons, and logout hyperlink.
6. **I-SMART Icon:** Wherever you are in the application, you may click the I-SMART icon to return to the homepage.
7. **User Identity and Context:** Three lines are reserved in the toolbar to identify the user's name, their Agency, and the Facility selected in the context screen. The Agency Nickname may be used to reduce the label length since some agency names are too long for the toolbar.
8. **Print View Icon:** Allows you to print the current screen.
9. **Print Report Icon:** Allows the user to print a formatted record of the current module.
10. **Logout:** Use **Logout** rather than closing the browser window to ensure that you will not be locked out upon trying to start a new session. If you close the window using the red X, you will not be able to login from another computer. You will be asked if you are certain you wish to end the session. Click **Yes**.



Basic Elements

Navigation Buttons

- 12. **Go:** The **GO** button is used to initiate a query. When used in the login process, it is querying the database to determine if the user is an authorized user. When used in list views, it launches a search for a record based on the data entered in the upper portion of the screen.

The screenshot shows the I-SMART web application interface. The browser address bar displays "http://ia-qa.witsweb.org - I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health". The user information at the top right includes "User: Cleland, Lonnie", "Loc: Iowa Dept. of Public Health, Test Facility", and "Client: Admission, TEDS | 9710108548 | Case #: 1".

The main content area is titled "Client Search" and contains a form with the following fields:

- Agency: Iowa Dept. of Public Health
- Facility: [Dropdown]
- First Name: [Text Input]
- Last Name: [Text Input]
- SSN: [Text Input]
- DOB: [Text Input]
- Client ID: [Text Input]
- Provider Client ID: [Text Input]
- Staff: [Dropdown]
- Primary Care Staff: [Text Input]
- Case Status: All Clients

Buttons for "Clear" and "Go" are located at the bottom right of the search form. A red arrow points to the "Go" button.

Below the search form is a table titled "Client List" with an "Export" link and an "Add Client" link. The table has the following columns: Client ID, Full Name, DOB, SSN, Gender, and Actions. The data rows are:

Client ID	Full Name	DOB	SSN	Gender	Actions
8801013456	20 test, Dec	1/1/1988	999-12-3456	Female	Profile Activity List
9710108548	Admission, TEDS	10/10/1987	485-47-8548	Male	Profile Activity List
6206087414	Admission10, TEDS	6/8/1962	632-14-7414	Female	Profile Activity List
7604079654	Admission1, TEDS	4/7/1976	231-58-9654	Male	Profile Activity List
6905035236	Admission12, TEDS	5/3/1969	415-78-5236	Male	Profile Activity List
6501026321	Admission2, TEDS	1/2/1965	524-89-6321	Female	Profile Activity List
7810150289	Admission3, TEDS	10/15/1978	258-98-0289	Male	Profile Activity List

Below the "Client List" table is another table titled "Clients with Consents from Outside Agencies" with the following columns: Agency, Client Id, Client Name, DOB, SSN, Gender, and Actions. The data rows are:

Agency	Client Id	Client Name	DOB	SSN	Gender	Actions
Southeastern Community College	8001016789	Redneck, Jimmy Bob	1/1/1980	123-45-6789	Male	Activity List
Test Agency IDPH	6610223254	Test, Client	10/22/1966	125-96-3254	Female	Activity List

Basic Elements

Navigation Buttons

13. **Save:** The **Save** button is used in two ways. First, it allows the user to commit data to the database after completing the required fields, without having to complete the entire form. **Save** may also be used to add multiple records to a list without having to leave the screen. Examples of this function are found on screens such as **Alternate Name**, **Address** and **Phone**.
14. **Cancel:** **Cancel** returns the user to the previous screen or mode without storing the data entered on the screen. In this example, the user was returned to previous *mode* (*view only*). They must select **Add Alternate Name** to add more names. In many cases, **Cancel** will take you to the previous screen.
15. **Finish:** The **Finish** button saves any unsaved data, and returns the user to the top of the menu.
16. **Revoke:** The revoke button is used to revoke a consent that was previously authorized. Revoking the consent, time stamps the revocation so that information passed prior to the revocation is not subject to the constraint. Revocations are not retroactive.
17. **Next:** Takes the user to the **Next** screen in a series of screens which compose a dataset.
18. **Previous:** Takes the user to the **Previous** screen in a series of screens which compose a dataset.

Alternate Names

Last Name	First Name	Middle Name	Actions
	SARS		

First Name Middle Name
 Last Name

Cancel Save Finish

Alternate Names

Last Name	First Name	Middle Name	Actions
	SARS		Review Delete

Add Alternate Name

First Name Middle Name
 Last Name

Finish Previous Next

Alternate Names

Last Name	First Name	Middle Name	Actions
	SARS		Review Delete

Add Alternate Name

First Name Middle Name
 Last Name

Finish Previous Next

http://ia.qa.witsweb.org - I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

I-SMART Client: Loma, Iowa Dept. of Public Health, Test Facility
 Client: Admission, TEDS | 97101680-88 | Case # 1

The filter you created has been applied to the client list.

Client Search

Agency: Iowa Dept. of Public Health Facility:

First Name: Last Name:

SSN: DOB:

Client ID: Provider Client ID:

Start: Primary Care Start:

Case Status: All Clients

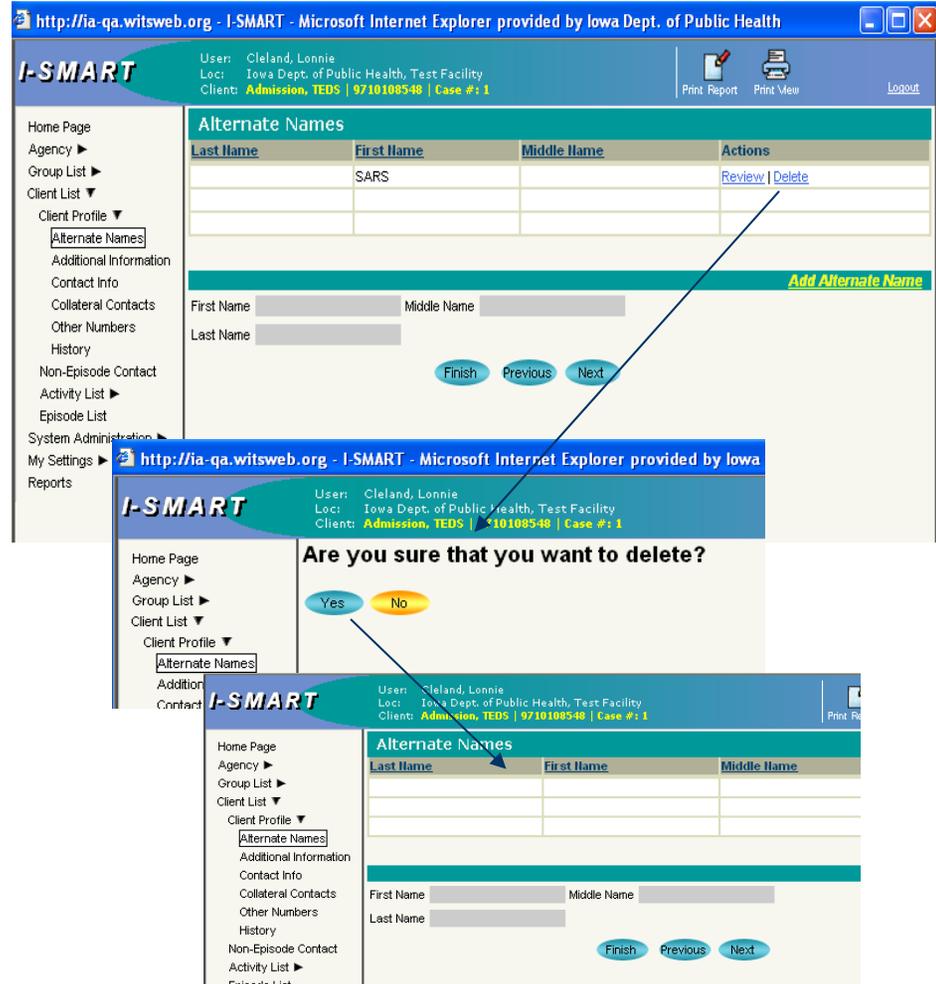
Client List #Export#

Client ID	Full Name	DOB	SSN	Gender	Actions
0901013456	20 test, Dec	1/1/1988	999-12-3456	Female	Profile Activity List
9710108548	Admission, TEDS	10/10/1987	485-47-8548	Male	Profile Activity List
6206097414	Admission10, TEDS	6/6/1962	632-14-7414	Female	Profile Activity List
7604079654	Admission11, TEDS	4/7/1976	231-58-9654	Male	Profile Activity List
690503236	Admission12, TEDS	5/3/1969	415-78-5236	Male	Profile Activity List
6501026321	Admission2, TEDS	1/2/1965	524-89-6321	Female	Profile Activity List
7810150289	Admission3, TEDS	10/15/1978	258-98-0289	Male	Profile Activity List

Basic Elements

Table Actions

- 19. **Review:** This hyperlink allows the user to either review record details or edit them, depending on their permissions and case status.
- 20. **Delete:** The Delete hyperlink allows users to delete records without requiring them to go to the detailed view. To reduce inadvertent deletes of important data, this feature is only used in tables where most of the critical record information is displayed in the table. In addition, a warning screen asks the user if they want to delete the record, or return to the table.



Basic Elements

Controls

- 21. **Textbox:** Text boxes are designed to allow the user to enter data manually. Some text fields have specific formats which must be used:
 - DOB/Date:** mm/dd/yy or mm/dd/yyyy
 - SSN:** 9 digit number, dashes do not need to be entered by user.
 - Phone Number:** 7 or 10 digit number, dashes do not need to be entered by user.
- 22. **Scrolling Textbox:** Scrolling textboxes are used to capture notes and descriptions. A scrolling textbox allows the user to enter at least 500 characters. Some have no character limits. An example of a scrolling textbox is a **Comment** field.
- 23. **Drop-down box:** A drop down box is used where only one entry may be selected from a list of values.
- 24. **Mover Box:** A mover box is used where more than one entry may be selected from a list of values. Use the Ctrl key to highlight more than one choice at a time. Some boxes may scroll.
- 25. **Mover Box with Radio Buttons:** The user selects an option with a single left click. Before selecting the mover arrow, they must select an option, using the radio buttons located between the boxes. In this example, if the user selects **# of Days**, they click the **Radio Button**, and put the number of days in the textbox using the keyboard. The user then moves the options to the select box using the right pointing arrow adjacent to the **Selected** box.

First Name

First Name Note: When a field is read-only, it is grayed-out.

DOB → DOB

SSN

Home Phone #

Comments

Ethnicity

Races

1-Caucasian	3-American Indian
2-Black/African American	
4-Asian	
5-Hawaiian or Pacific Islander	
6-Alaskan Native	

Selected Races

12-Family/Friends

13-Public Assistance

14-Retirement/Pension

None

Consent Options

Admission	<input type="checkbox"/> Discharge
Client Diagnosis	<input type="checkbox"/> # of Days <input type="text"/>
Client Information/Summary	
Client Needs Matching	

Basic Elements

Messaging

- 26. **Messages:** I-SMART displays messages and warnings at the top of the screen, just below the toolbar, when required.
- 27. **Error:** A red circle with an X indicates the failure to provide **required** data. This means that the record cannot be saved until the data is completed. Warnings may be used for incorrect formats, if the incorrect format is for a required field. In addition to the error message, the field in error is colored red. The user may type directly over the red box to correct the data so that it may be saved to the database.
- 28. **Information Messages:** Information messages direct the user to complete the appropriate steps to continue most tasks in I-SMART. In most cases with information messages, you will not lose data, and you may proceed if you choose to ignore the message.

The screenshot shows the I-SMART Client Profile page. At the top, a red banner displays the message: "Required fields are missing." Below this, the form fields for the client profile are visible. The "Last Name" field is highlighted in red, indicating it is a required field that is missing or incomplete. Other fields include First Name (TEDS), Middle Name, Last Name, Gender (Male), DOB (10/10/1987), SSN (485-47-8548), and Driver's License. The right side of the page shows metadata such as Provider Client ID, I-SMART ID, Record Created By, Last Updated By, Created Date, and Last Updated Date. At the bottom right, there are buttons for Cancel, Save, Finish, and Next.

The screenshot shows the I-SMART Client Search page. At the top, a blue banner displays the message: "The filter you created has been applied to the client list." Below this, the form fields for the client search are visible. The fields include Agency (Iowa Dept. of Public Health), Facility, First Name, Last Name, SSN, DOB, Client ID, Provider Client ID, Staff, Primary Care Staff, and Case Status (All Clients). At the bottom right, there are buttons for Clear and Go.

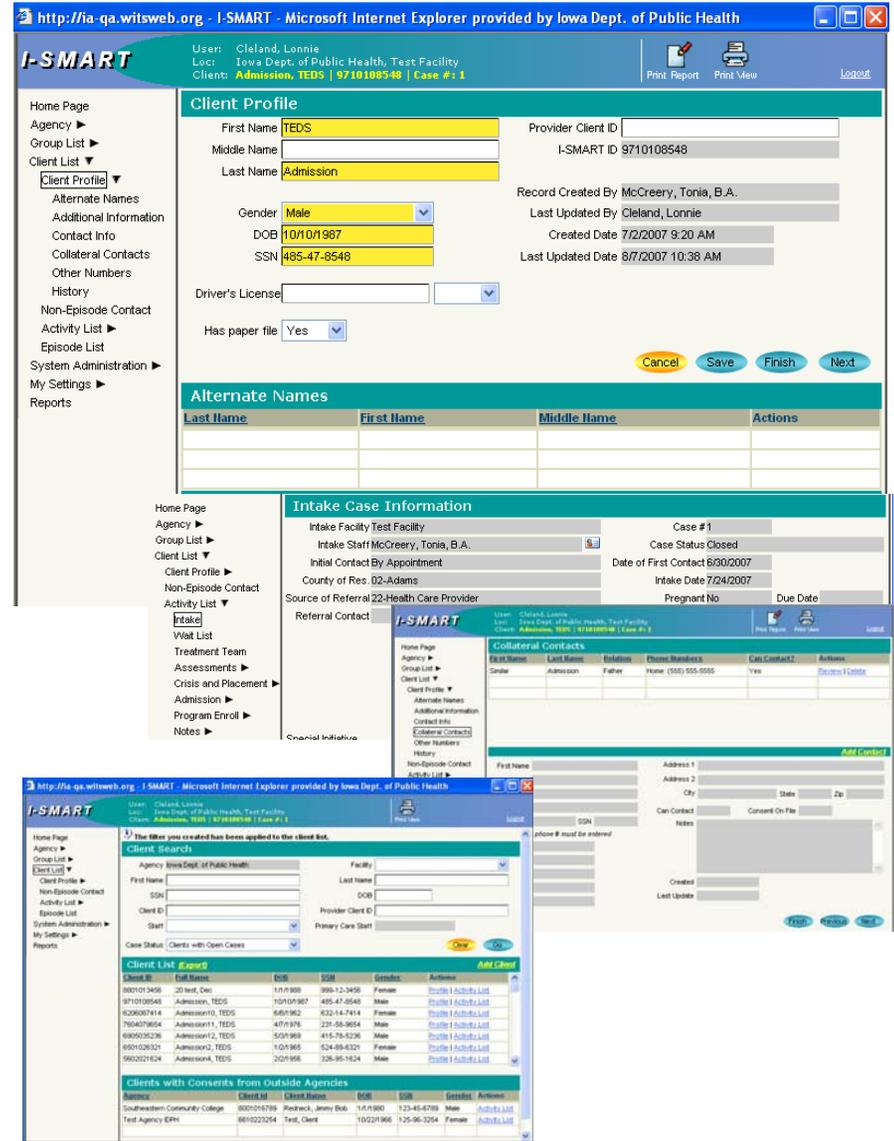
Basic Elements

Insert, View and Search

29. **General:** There are three modes in I-SMART: Insert, View, and Search. Each mode allows the user to perform a pre-determined set of functions.
30. **Insert:** In most cases, when you first enter a screen, you will be in insert mode. This mode allows you to make entries into most fields in the screen, and save them to the database. When you select a screen from a menu, click next, or use a hyperlink to navigate to a screen, you are usually in this mode.
31. **Read Only:** Sometimes I-SMART will not allow the user to modify any information in the screen. This is usually done to protect data integrity. When you enter a screen in this mode, all fields will be read-only, and grayed out. An example of this is the Announcement screen.

However, this view mode is also used in some cases where the user is adding data to a table on the same screen. Examples of this include the addition of addresses and alternate names. In these cases, the Add hyperlinks are used to move the user from view to insert mode.

32. **Search:** Some list screens will allow the user to perform searches based on criteria. When in **Search** mode, you will usually see a **Cancel** and a **Go** button, rather than Save, Cancel, Finish. The Client List is an example of this feature.



Basic Elements

Search

33. Exact Match: This type of search is to find records which match the search criteria exactly. Therefore, if you type First Name = James, you will only get Clients who have the first name of James. You may constrain the search results by adding other parameters such as **First Name**, **DOB**, and **Facility** to reduce the number of erroneous results.

34. Wild Card: Wild card searches are very useful in cases where you do not have the exact value or spelling of a parameter. It allows you to search with just three characters. To use the wildcard search, place an asterisk after, before, or on both sides of the known characters of the parameter. Hit Search. The Search will return all values with a string of characters which match the characters provided by you.

D* - will return any string starting with D or d.

*s- will return anything ending in s.

35. Range Expression: This search allows you to search a range of values when given two specific values.

01/01/2000 : 12/31/2000 – returns any record with a date in the year 2000.

The screenshot shows the I-SMART Client Search interface. The search criteria are: Agency: Iowa Dept. of Public Health, Facility: (dropdown), First Name: TEDS, Last Name: (empty), SSN: (empty), DOB: (empty), Client ID: (empty), Provider Client ID: (empty), Staff: (dropdown), Primary Care Staff: (empty), Case Status: All Clients. The search results table is as follows:

Client ID	Full Name	DOB	SSN	Gender	Actions
9710108548	Admission, TEDS	10/10/1987	485-47-8548	Male	Profile Activity List
6206087414	Admission10, TEDS	6/8/1962	632-14-7414	Female	Profile Activity List
7604079654	Admission11, TEDS	4/7/1976	231-58-9654	Male	Profile Activity List
6905035236	Admission12, TEDS	5/3/1969	415-78-5236	Male	Profile Activity List
6501026321	Admission2, TEDS	1/2/1965	524-89-6321	Female	Profile Activity List
7810150289	Admission3, TEDS	10/15/1978	258-98-0289	Male	Profile Activity List
5602021624	Admission4, TEDS	2/2/1956	326-95-1624	Male	Profile Activity List

The screenshot shows the I-SMART Client Search interface. The search criteria are: Agency: Iowa Dept. of Public Health, Facility: (dropdown), First Name: (empty), Last Name: Ad*, DOB: (empty), Client ID: (empty), Provider Client ID: (empty), Staff: (dropdown), Primary Care Staff: (empty), Case Status: All Clients. The search results table is as follows:

Client ID	Full Name	DOB	SSN	Gender	Actions
9710108548	Admission, TEDS	10/10/1987	485-47-8548	Male	Profile Activity List
6206087414	Admission10, TEDS	6/8/1962	632-14-7414	Female	Profile Activity List
7604079654	Admission11, TEDS	4/7/1976	231-58-9654	Male	Profile Activity List
6905035236	Admission12, TEDS	5/3/1969	415-78-5236	Male	Profile Activity List
6501026321	Admission2, TEDS	1/2/1965	524-89-6321	Female	Profile Activity List
7810150289	Admission3, TEDS	10/15/1978	258-98-0289	Male	Profile Activity List
5602021624	Admission4, TEDS	2/2/1956	326-95-1624	Male	Profile Activity List

Basic Elements

Conventions

36. **Required Fields:** Required fields will be indicated by a yellow background.
37. **Incomplete Required Fields:** Incomplete required fields will generate a warning or error, and will be indicated by a red background.
38. **Reporting:** If a field is not required for data integrity, but is required to support reporting requirements for the State or Agency, the background is light yellow.

http://ia-qa.witsweb.org - I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Admission10, TEDS | 6206087414 | Case # 1

Print Report Print View Logout

I-SMART

Home Page
Agency
Group List
Client List
Client Profile
Alternate Names
Additional Information
Contact Info
Collateral Contacts
Other Numbers
History
Non-Episode Contact
Activity List
Episode List
System Administration
My Settings
Reports

Client Profile

First Name **TEDS** Provider Client ID
Middle Name I-SMART ID 6206087414
Last Name **Admission10**
Gender **Female** Record Created By **McCreery, Tonia, B.A.**
DOB **6/8/1962** Last Updated By **McCreery, Tonia, B.A.**
SSN **632-14-7414** Created Date **8/3/2007 1:42 PM**
Last Updated Date **8/3/2007 1:43 PM**
Driver's License
Has paper file **Yes**
Cancel Save Finish Next

Alternate Names

http://ia-qa.witsweb.org - I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Admission10, TEDS | 6206087414 | Case # 1

Print Report Print View Logout

I-SMART

Home Page
Agency
Group List
Client List
Client Profile
Non-Episode Contact
Activity List
Intake
Wait List
Treatment Team
Assessments
Admission
Crisis and Placement
Program Enroll
Notes
Treatment
Discharge
Follow Up
Consent
Referrals
Episode List
System Administration
My Settings
Reports

Required fields are missing.

Intake Case Information

Intake Facility **Test Facility** Case # 1
Intake **McCreery, Tonia, B.A.** Case Status **Open/Active**
Initial Contact **14-Carroll** Date of First Contact **8/1/2007**
County of Res. **14-Carroll** Intake Date **8/3/2007**
Source of Referral **14-Carroll** Pregnant **No** Due Date
Referral Contact **14-Carroll**
Add Referral Contact Info
HIV Positive
Past IV Drug Use **Yes**
Presenting Problem (In Client's Own Words)
heroin
Special Initiative
Jail Based Assessment
Jail Based Treatment
Methamphetamine
Women w/ Children
Special Initiative Selected
Inter-Agency Service
Court/Legal Interface
Developmental Disabilities
DHS
Domestic Violence
Inter-Agency Service Selected
Date Closed
Save & Close the Case
Cancel Save Finish

http://ia-qa.witsweb.org - I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Admission10, TEDS | 6206087414 | Case # 1

Print Report Print View Logout

I-SMART

Home Page
Agency
Group List
Client List
Client Profile
Non-Episode Contact
Activity List
Intake
Wait List
Treatment Team
Assessments
Admission
Crisis and Placement
Profile
Financial/Household
Youth
Substance Abuse
Legal
ASAM
Diagnosis
Treatment Team
Program Enroll
Notes
Treatment
Outcomes
Discharge
Episode List

Client Admission for Admission10, TEDS

Substance Abuse

Rank	Substance	Severity	Frequency	Method
Primary:	24-Heroin		11-1-3 times in past mon	4-IV Injection
Secondary:	00-None	N/A	N/A	N/A
Tertiary:	00-None	N/A	N/A	N/A

Was the Substance prescribed to the client? Primary **No** Secondary **N/A** Tertiary **N/A**

At what age did the client FIRST use the substances indicated above (if unknown, enter "99"; if not applicable, enter "999") Primary **22** Secondary **96** Tertiary **96**

of DAYS since LAST use of the substances indicated above: Primary Secondary Tertiary

Other Addictions Selected Other Addictions
of Days Abstinent in Last 30 Days **0** 0-None 4-Eating Disorder
of Days in Support Group in Last 30 Days **0** 3-Compulsive Disorder
of Days Attended AA/NA/Similar Meetings in Last 30 Days **0** 5-Overlapping
of Days of Work/School Missed in Last 6 mo. Due to SA Related Problems **0** 6-Other
Does Client Currently Use Tobacco **0** 0-No Tobacco Use
Daily Frequency of Cigarette Use **0** No cigarette use
Last SA Env. in Last 10 Yrs **15-Clinically managed medium intensity**

Comments
Cancel Save Finish Previous Next

Basic Elements

Help

39. **Mouse-over tips:** Some fields will display a description of the accepted value.

40. **Staff Index Card:** Clicking the Index Card icon next to a staff name will open the staff info window. This allows you to easily find contact information for staff you may not know or for whom you do not have contact information.

The screenshot shows the 'Client Profile - Microsoft Internet Explorer' window. The header includes the user 'Sicchio, Renee' and the client 'Jetson, Jane | Case #: 1'. A sidebar on the left contains navigation options like 'Home Page', 'Agency', 'Client Profile', and 'Reports'. The main content area features a 'Client Search' section with various input fields (Agency, Facility, First Name, Last Name, SSN, DOB, Client ID, Provider Client ID, Staff, Primary Care Staff) and a 'Case Status' dropdown. Below the search is a 'Client List' table with columns for Client ID, Name, Birth Date, Phone, Gender, and Action links (Profile, Activity List). A tooltip is visible over the 'First Name' field, stating: 'The filter you created has been applied to the client list. Some of the clients listed below have alternate names (aliases) that matched your criteria and were therefore returned. Clients whose names are in RED are clients who currently have active alert notes.' The table lists several clients, with 'Williams, Stacey' highlighted in red.

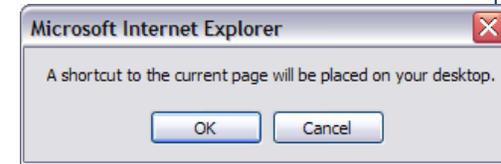
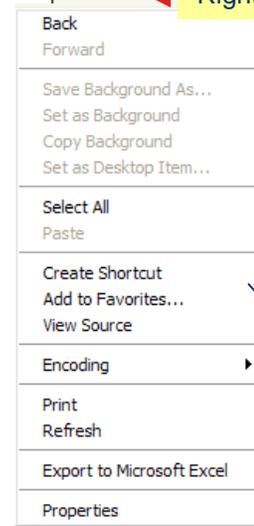
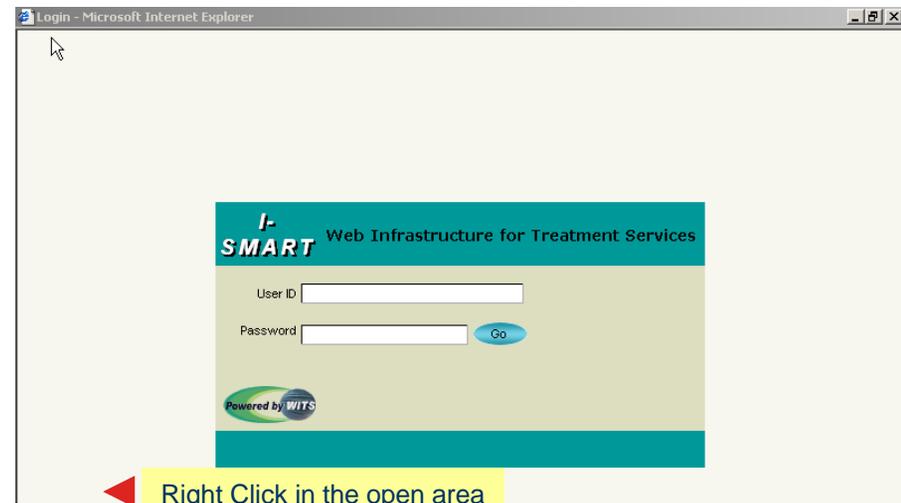
Client ID	Name	Birth Date	Phone	Gender	Action
F629324RT426110	Travaglini, Audrey	6/12/1963	215-72-2244	Female	Profile Activity List
M129355AD558120	Daniels, Stanley	1/22/1983	021-55-5555	Male	Profile Activity List
8401014321	Smith, Jane	1/1/1984	987-65-4321	Female	Profile Activity List
F05955MS557111	Smith, Marge	10/15/1975	555-55-5555	Female	Profile Activity List
M119464MS577100	Smith, Dave	1/1/1974	987-12-7654	Male	Profile Activity List
F749257M647110	Williams, Stacey	7/14/1972	334-34-4567	Female	Profile Activity List
NM9010187FE	Mason, Natalie	1/1/1987	123-24-7896	Female	Profile Activity List
7001018543	Jetson, Jane	1/1/1970	987-12-6543	Female	Profile Activity List

The screenshot shows the 'Intake Case Information' page. The 'Intake Staff' field is set to 'McCreery, Tonia, B.A.'. A red box highlights the Index Card icon next to the staff name. A popup window titled 'http://ia-qa.wits...' displays contact information for Tonia B.A. McCreery, including her email (tmccreer@idph.state.ia.us) and various phone numbers. The main page also shows intake details like 'Intake Facility: Test Facility', 'Intake Date: 8/3/2007', and 'Case Status: Open Active'. A sidebar on the left lists 'Special Initiative' options such as 'Jail Based Assessment' and 'Jail Based Treatment'. At the bottom, there are 'Save & Close the Case', 'Cancel', 'Save', and 'Finish' buttons.

Basic Elements- Helpful hints

Creating a Shortcut

43. Some browsers allow you to create a shortcut which will save time in completing the login process. To create a shortcut, go to the login page.
44. Right-click in the open area. Select **Create Shortcut** from the menu.
45. You will be told that the shortcut will be added to your desktop. Click **OK**.
46. You will see it on your desktop.
47. Optional. Right click on the icon. Select **Rename**. You may rename the icon to I-SMART.
48. The above can be done before logging into I-SMART.



I-SMART Training Manual

This training document focuses on the elements required to access I-SMART.

Accessing I-SMART

Using Your Browser to Access I-SMART
Identity Management
Context
Changing Password and PIN

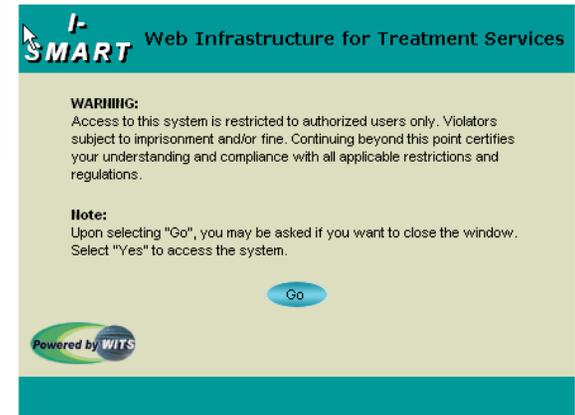
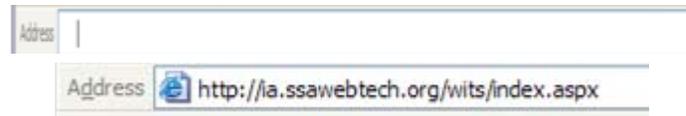
August 2008

Accessing I-SMART

Using Your Browser to Access I-SMART

- 1. Browser:** I-SMART requires a Microsoft Internet Explorer. To access I-SMART, backspace over the address in the address line, and type the following URL in the Address Line of your browser, and hit the enter key.

<https://ia.ssawebtech.org>
- 2. Security Alert:** To protect your data, I-SMART is located on a secure site. To access the secure site, click **Yes**. You may or may not get this security notice. It may not appear every time you log in.
- 3. Warning Message Box:** After clicking **Yes** in the Security Alert Box, you will be warned that you must be authorized to use the site. Click **Go** if you are authorized. If you have a User ID and a Password you are authorized to enter.
- 4. Browser Window Message:** When you enter I-SMART, it opens a new browser window. Some browsers have a built in rule to ask if you would like to close the current browser window. If you get this window, Click **Yes**. If you click **No**, your current browser window will remain open, and you will not be able to access I-SMART.



Accessing I-SMART

Identity Management

5. You will receive a system generated email with the following information: Log in name (User ID), initial password and initial pin.
6. **User ID:** I-SMART requires each user to enter their ID. The user ID may follow a convention such as the first letter of the first name, and the last name, or it may be random. If you have not received your **User ID**, contact your I-SMART Administrator. After entering your User ID, hit tab to enter your password or mouse click inside the **Password** box.
Note: Your **User ID** will never change.
7. **Password:** To manage your identity, a password has been assigned to you. As you type it in, you will see small circles for each character to maintain the security. After entering your password, click **Go**.

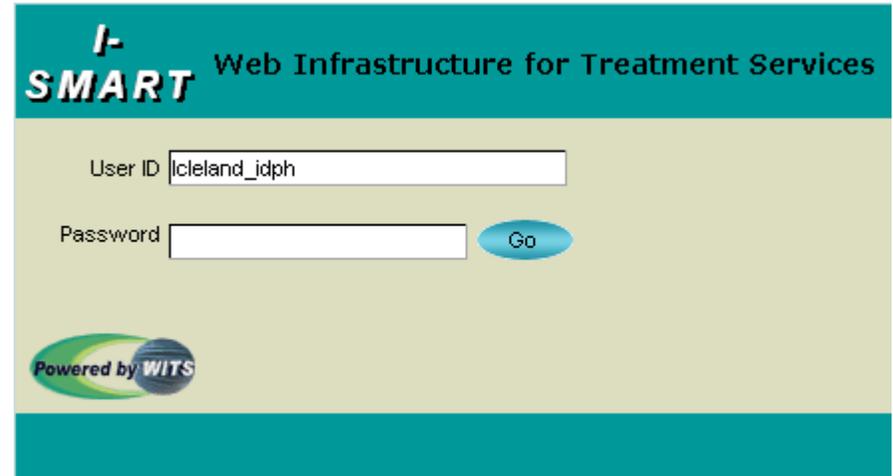
Note: When you log in for the first time and periodically thereafter you will be prompted to change your password. Change it to something you will remember and that someone else could not easily guess.

From: administrator@feinfo.com
To: Daksha Arora
Cc:
Subject: Account Created

Daksha Arora ,

A new Web Infrastructure for Treatment Services account has been set up for you on IA-WITS.
Your login name is darora.
Your initial password is pR5naDkYH.
Your initial pin number is 765735754.

When you log into the system, you will be asked to change your password and pin.



I-SMART Web Infrastructure for Treatment Services

User ID

Password

Powered by WITS



I-SMART Web Infrastructure for Treatment Services

User ID

Password

Powered by WITS

Accessing I-SMART

Identity Management

- PIN:** After clicking on **Go** next to the password, you will be asked for your PIN. To manage your identity, a Personal Identification Number (PIN) has been assigned to you. It will be lengthy and will not appear to follow any convention. This is to prohibit someone from being able to guess your PIN, and access the system as you. After entering your PIN, click **Go**.

Note: When you log in for the first time and periodically thereafter you will be prompted to change your pin. Change it to something you will remember and that someone else could not easily guess.

I-SMART Web Infrastructure for Treatment Services

User ID Iceland_idph

Password [masked] **Go**

PIN [masked] **Go**

Powered by WITS

Accessing I-SMART

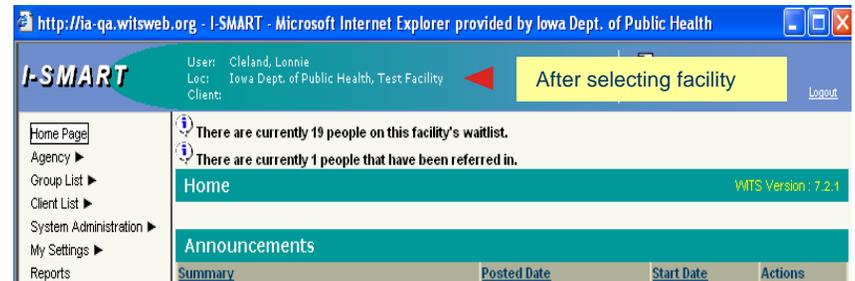
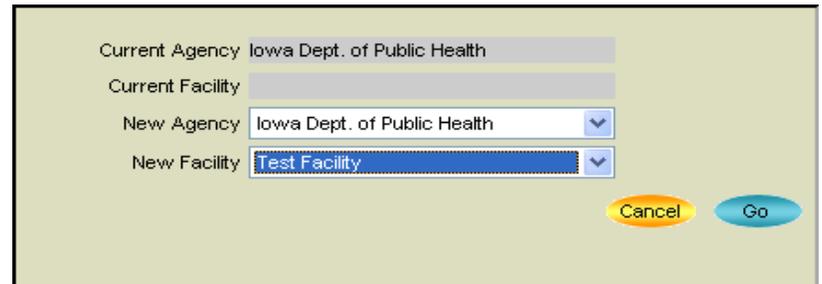
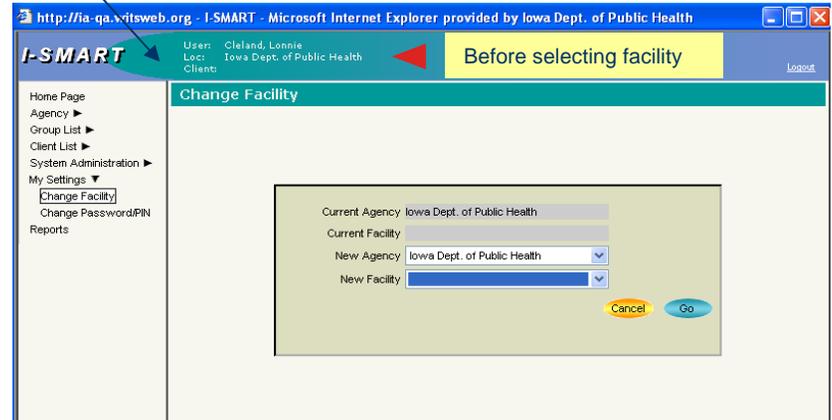
Change Facility

9. You will notice some important changes when you access the **Change Facility** screen. Your browser toolbar has been modified to eliminate the forward and back buttons. This is done to protect the integrity of the data entered. See the Basic Elements section of this manual for more information on navigation.
10. Facility: **I-SMART** requires each user to have a Facility for their session. Most users will be associated with one **Agency**, but may be associated with many **Facilities**.
11. The facility you select defines the boundaries within which you can work within this session. All the facilities under your agency are listed in the New Facility list and you are asked to pick one for this specific session. Everything you do (with the exception of client search) with a client record would be within the limits of this facility that you select. Only the facilities that you are authorized to access will show up in this list.

Note: If you have access to one facility only then this screen may not appear. In that case you will go immediately to the **Home Page**.

12. Change Facility: In the **Change Facility** screen. **Current Agency** and **New Agency** will be grayed out. This means they are *read-only*. Use the drop-down box next to **New Facility** to select the **Facility** for the session. Click **Go**. You will enter the **I-SMART Home** screen.

Note: You may use **Cancel** and go to the menu on the left. However, you will not be able to access any client records until you have picked a facility.



Accessing I-SMART

Changing Password and Context

13. Go to **My Settings**. You will see menu options that will allow you to make changes to your **Password, PIN, and Facility**.



A screenshot of the 'Change Facility' form. It contains the following fields: 'Current Agency' (Iowa Dept. of Public Health), 'Current Facility' (Test Facility), 'New Agency' (dropdown menu with 'Iowa Dept. of Public Health' selected), and 'New Facility' (dropdown menu with 'Test Facility' selected). There are 'Cancel' and 'Go' buttons at the bottom right.

A screenshot of the 'Change Password/PIN' form, specifically the password section. It contains three input fields: 'Current Password', 'New Password', and 'Confirm New Password'. There are 'Cancel' and 'Save' buttons at the bottom right.

A screenshot of the 'Change Password/PIN' form, specifically the PIN section. It contains three input fields: 'Current PIN', 'New PIN', and 'Confirm New PIN'. There are 'Cancel' and 'Save' buttons at the bottom right.

I-SMART Training Manual

This training document focuses on the elements of the I-SMART Home Screen.

Home

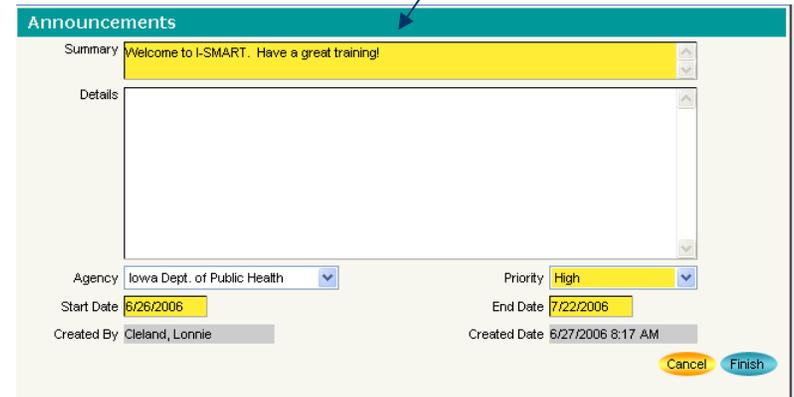
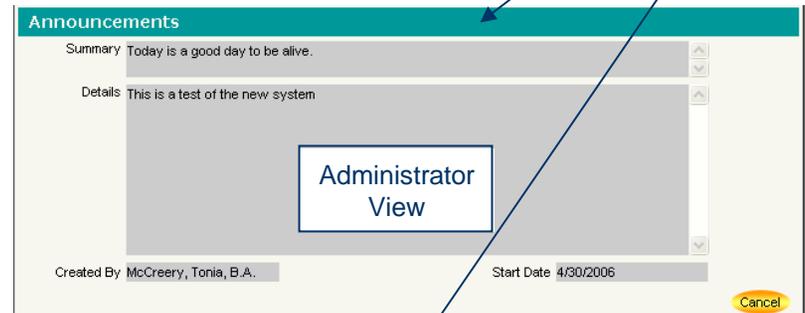
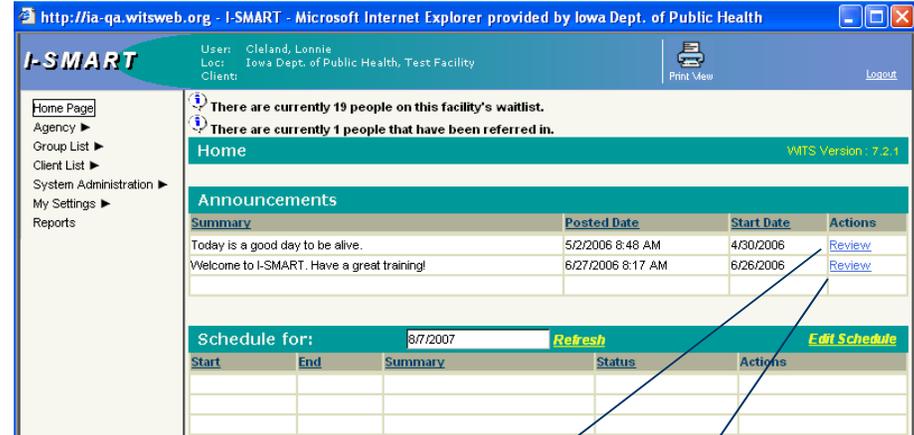
Announcements
Schedule

October 2007

Announcements

- Announcements:** This table allows the system and agency administrators to broadcast information to the I-SMART community. The agency administrator can only send information to their assigned agency and the system administrator can send information to all I-SMART users.

- Review** to access the **Announcements** screen. If you are the author, you will have the ability to edit announcements. If you are not, you may view the details of the **Announcement**.



Schedule

- Today's Schedule:** This feature allows users to enter their schedule information in I-SMART, including posting reminders for themselves.
- Sorting:** The table columns can be sorted in ascending or descending order. Click on the column header to sort by start date, end date, summary, or status.
- Edit Schedule:** Click **Edit Schedule** to access the **Schedule** screen. Double click in the time slot for which you want to enter an event. This will open the **Schedule Edit** screen.
- The **Staff** field is a read-only system provided field.
- The **Start/End Time** will pre-fill based on the time slot you selected. This can be changed by the user by typing in this field.
- Enter the **Summary** and **Description** information for the event in the appropriate text box. The **Summary** information will display on the **Today's Schedule** portion of the screen.
- Select the **Status** from the drop down list and click **Scheduled Encounter** as appropriate.
- After making your selections, click **Save** to save the event and have it display in the **Today's Schedule** table. If you do not want to save the event click **Cancel**.

Schedule for: [Refresh](#) [Edit Schedule](#)

Start	End	Summary	Status	Actions

Schedule

- Review:** Click [Review](#) to access the **Schedule Edit** screen. You may edit all values. When done, click **Save** to return to the **Home Page**.

Start	End	Summary	Status	Actions
10/18/2007 9:00 AM	10/18/2007 4:30 PM	I-SMART Training	Scheduled	Review

Summary: I-SMART Training

Staff: Cleland, Lonnie

Start / End Time: 10/18/2007 9:00 AM 10/18/2007 4:30 PM

Description:

Status: Scheduled

Scheduled Encounter:

Buttons: Cancel Save

I-SMART Training Manual

This training document focuses on the elements required for adding a new client and completing the Intake screen.

Add Client

- Check Client List
- Create Client Profile
- Add Alternate Name
- Add Address
- Add Additional Info
- Add Collateral Contacts
- Add Other Numbers
- Intake

October 2007

Add Client

Check Client List

1. **Entry Steps:** Login, Select Facility
2. **Navigate to Client List:** After selecting your facility, select the **Client List** menu item.
3. Initially the **Client List** will not show any clients. If you click **Go** without entering any search criteria the **Client List** will show all clients for the Agency.
4. If you enter any search criteria and then click **Go** the **Client List** will show clients based on the search criteria you entered.
5. Note that the **Facility** field in the **Client Search** portion of the screen is blank. By default, all agency facilities are included in the initial search. Choosing a facility in the Facility drop down and clicking Go will yield all clients associated with that facility.

The screenshot shows the I-SMART home page. The user is logged in as Cleland, Lonnie at Iowa Dept. of Public Health, Test Facility. The navigation menu on the left includes Home Page, Agency, Group List, Client List (highlighted with a red circle and arrow), System Administration, My Settings, and Reports. The main content area displays two status messages: 'There are currently 19 people on this facility's waitlist.' and 'There are currently 1 people that have been referred in.' Below these are sections for Home, Announcements, and a Summary table.

The screenshot shows the Client Search form. The Agency is set to 'Iowa Dept. of Public Health'. The Facility field is a dropdown menu. Search criteria include First Name, Last Name, SSN, DOB, Client ID, Provider Client ID, Staff, and Case Status (set to 'All Clients'). There are 'Clear' and 'Go' buttons. The 'Go' button is highlighted with a red circle and arrow. Below the form is a table titled 'Client List' with columns for Client ID, Full Name, DOB, SSH, Gender, and Actions. An 'Add Client' link is visible in the top right of the table area.

The screenshot shows the Client Search results. The Facility dropdown menu is highlighted with a red circle. The 'Go' button is also highlighted. The 'Client List' table is populated with the following data:

Client ID	Full Name	DOB	SSH	Gender	Actions
8801013456	20 test, Dec	1/1/1988	999-12-3456	Female	Profile Activity List
9710108548	Admission, TEDS	10/10/1987	485-47-8548	Male	Profile Activity List
6206087414	Admission10, TEDS	6/8/1962	632-14-7414	Female	Profile Activity List
7604079654	Admission11, TEDS	4/7/1976	231-58-9654	Male	Profile Activity List
6905035236	Admission12, TEDS	5/3/1969	415-78-5236	Male	Profile Activity List
6501026321	Admission2, TEDS	1/2/1965	524-89-6321	Female	Profile Activity List
7810150289	Admission3, TEDS	10/15/1978	258-98-0289	Male	Profile Activity List

Below the main table is a section titled 'Clients with Consents from Outside Agencies' with the following data:

Agency	Client Id	Client Name	DOB	SSH	Gender	Actions
Southeastern Community College	8001016789	Redneck, jimmy Bob	1/1/1980	123-45-6789	Male	Activity List
Test Agency IDPH	6610223254	Test, Client	10/22/1966	125-96-3254	Female	Activity List

Add Client

Check Client List

- Check Client List:** Before adding a client to I-SMART, you must first check to see if they have already been added to the system by another user. Scan the list for their name or use the **Search** feature.
- To search by **First Name, Last Name, SSN, DOB, Client ID,** or **Provider Client ID** type the information into the appropriate field and click **Go**
- To search by **Case Status, Staff,** or **Facility** select the **Case Status, Staff** name, or **Facility** from the drop down list and click **Go**.
- You can search using partial information by using the *. For example, if you want to find all clients whose last name begins with "20" type "20*" into the **Last Name** field and click **Go**. The list will only show clients with a last name beginning with "20".
- Ensure **All Clients** is selected in the **Case Status Field** to ensure both active and closed records are checked.
- If the client is not listed, proceed to **Add Client**. If the client is listed, click on **Profile** to be sure that it is in fact the same client. If it is the same client then you do not need to add the client to the system. Only one client profile exists per agency in the system. Click **Activity List** to see the **Episode List**. Use the **Start New Episode** hyperlink to open a new case at the current facility.

Client Search

Agency: Iowa Dept. of Public Health Facility: [dropdown]

First Name: [input] Last Name: 20* (red arrow)

SSN: [input] DOB: [input]

Client ID: [input] Provider Client ID: [input]

Staff: [dropdown] Primary Care Staff: [input]

Case Status: All Clients (red arrow) Clear Go

Client ID	Full Name	DOB	SSN	Gender	Actions
8801013456	20 test, Dec	1/1/1988	999-12-3456	Female	Profile Activity List

The filter you created has been applied to the client list.
Clients whose names are in RED are clients who currently have active alert notes. (red arrow)

Client Search

Agency: Iowa Dept. of Public Health Facility: [dropdown]

First Name: [input] Last Name: 20*

SSN: [input] DOB: [input]

Client ID: [input] Provider Client ID: [input]

Staff: [dropdown] Primary Care Staff: [input]

Case Status: All Clients Clear Go

Client ID	Full Name	DOB	SSN	Gender	Actions
8801013456	20 test, Dec	1/1/1988	999-12-3456	Female	Profile Activity List

Please select a case, or click Start New Episode. (red arrow)

Episode List for Date Of Last Contact

Agency: Iowa Dept. of Public Health Facility: [dropdown]

First Name: [input] Last Name: [input]

SSN: [input] DOB: [input]

Client ID: [input] Provider Client ID: [input]

Staff: [dropdown] Primary Care Staff: [input]

Case Status: All Clients Clear Go

Case #	Status	Facility	Intake By	Intake Date	Closed Date	Actions
1	Closed	Test Facility	McCreery, Tonia, B.A.	6/25/2006	8/1/2006	Review

Start New Episode (red arrow)

Add Client

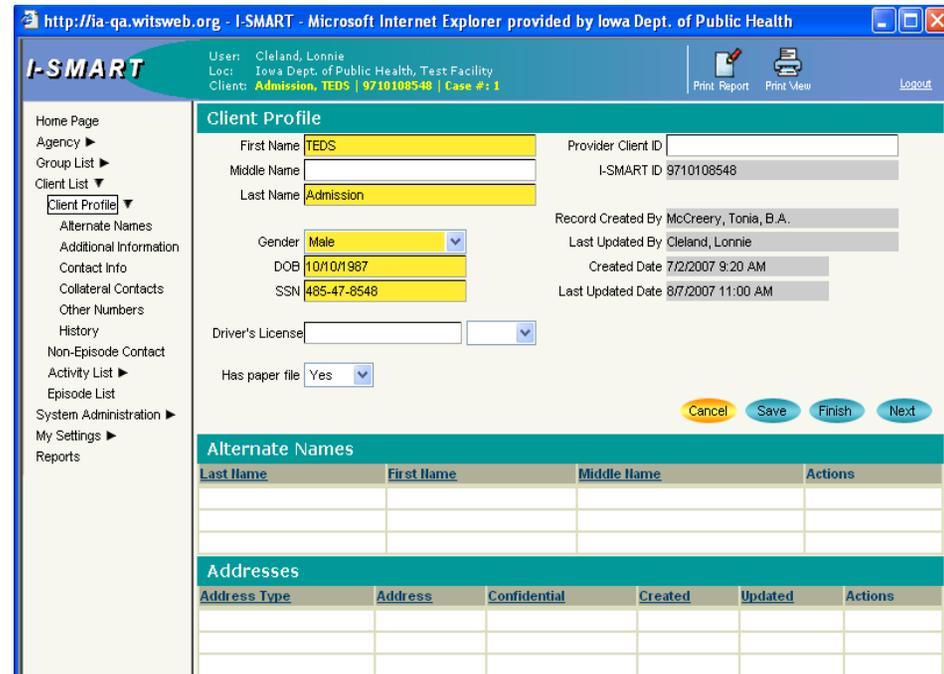
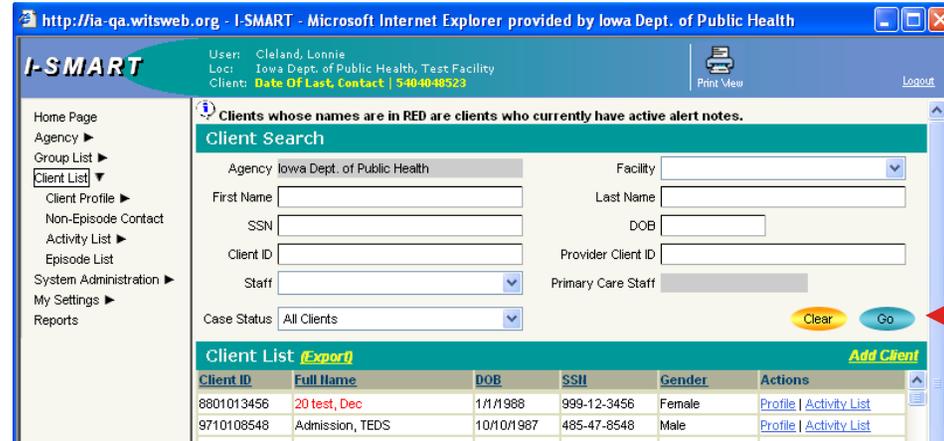
Create Client Profile

12. **Entry Steps:** Check Client List
13. **Add Client:** You have already determined that the client has never been to any Facility within your agency. Click the **Add Client** hyperlink in the Client List portion of the screen.
14. **Client Profile:** Some fields in the **Client Profile** are required. These fields will be highlighted in yellow.

Note: SS#: If the client has no SS# or if it is unknown the user can create a number by using the format 999-00-0001, 999-00-0002, etc. Using 999 instead of letters as was previously used in SARS. The agency will have to keep track of SS#'s it creates just as was done with SARS.

15. After completing the upper portion of the screen, click **Save**. You are now ready to add **Alternate Names** or **Addresses**.

Note: All system-required fields are highlighted in yellow. Fields required for state reporting are highlighted in a softer yellow.



Add Client

Add Alternate Name

- When you have completed the **Client Profile** screen, click **Next**. You will launch the **Alternate Name** screen. Click the **Add Alternate Name** hyperlink.
- Enter any other names the client uses. Collect as many names as you can to ensure they are not entered in the system under another name in the future.
- If you wish to add multiple **Alternate Names**, Click **Save** to store the name in the **Alternate Name** table at the top of the screen. The fields in the bottom portion of the screen will gray out, and you will see the name stored in the table. You must click **Add Alternate Name** for each new entry. When you have entered the last **Alternate Name** entry, click **Save** then **Next**.
- Edits:** You may use the **Review** and **Delete** hyperlinks in the **Actions** column to edit any **Saved** entries.

Note: Clicking on **Next** automatically saves the information and moves you to the Additional Information screen.

ClientAlias - Microsoft Internet Explorer

User: Kelly2, Maureen
Loc: Westat Testing Agency, Westat Outpatient Facility
Client: **Jetson, Jane**

Print Report Print View Help Logout

Alternate Names for Jetson, Jane

Last Name	First Name	Middle Name	Actions

[Add Alternate Name](#)

First Name Middle Name
Last Name

Finish Previous Next

http://ia-qa.witsweb.org - I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: **Admission, TEDS | 9710108548 | Case #: 1**

Print Report Print View Logout

Alternate Names

Last Name	First Name	Middle Name	Actions

First Name Middle Name
Last Name

Cancel Save Finish

http://ia-qa.witsweb.org - I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: **Admission, TEDS | 9710108548 | Case #: 1**

Print Report Print View Logout

Alternate Names

Last Name	First Name	Middle Name	Actions
	Rory		Review Delete

[Add Alternate Name](#)

First Name Middle Name
Last Name

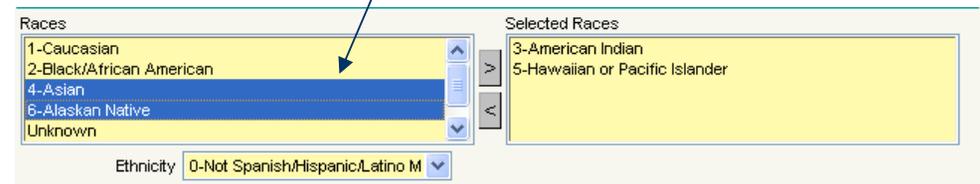
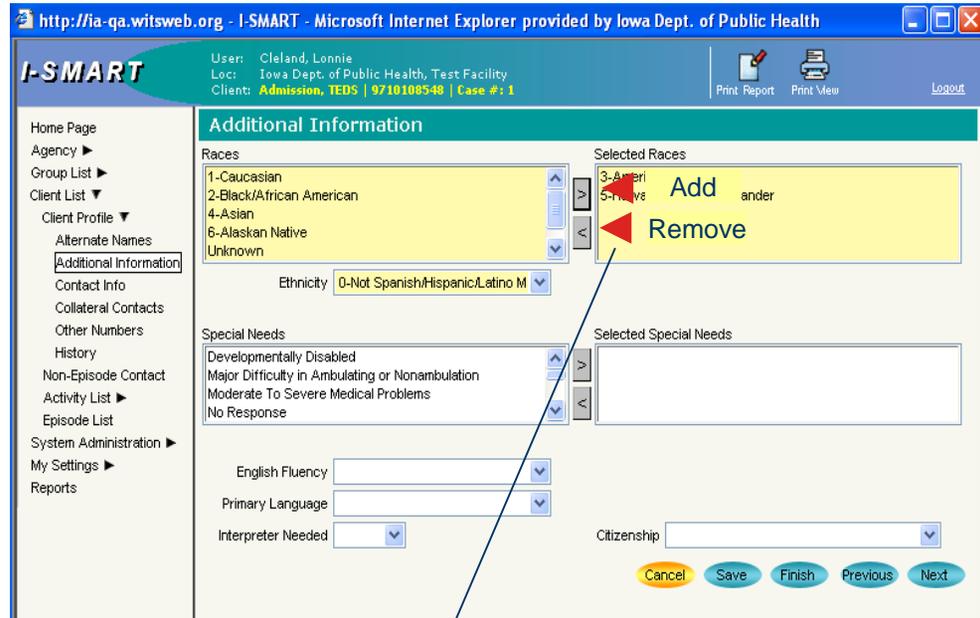
Finish Previous Next

Add Client

Add Additional Info

25. Entry Points: Click on the **Next** button in the **Contact Info** screen or click on the **Additional Information** sub-menu.
26. Using your mouse, click on your selection in the mover box. You may hold the Ctrl key down and either drag the mouse or click on separate choices to make multiple selections at the same time. When you select the item, its background will turn dark.
27. Click on the right pointing arrow located between the mover box to move your selections to the **Selected** box to the right. Your selections will be moved to the **Selected** box.
28. To remove a selection from the **Selected** box, click on the items you want to move and use the left pointing arrow located between the mover boxes. Your selections will be moved back to the original list box on the left.
29. Use your mouse to select values in the drop down boxes such as Ethnicity. Drop down boxes are designed to allow only one response in the fields.
30. When you have made all your selections, click **Next**. You will launch the **Contact Info** Screen.

Note: Clicking **Next** automatically saves the information and moves you to the Contact Info screen.



Add Client

Add Addresses

20. Click on the **Contact Info** menu item, or click **Next** in the **Alternate Name** screen.
21. **Phone Numbers:** Add phone numbers as appropriate to the top of the screen. You may erase phone numbers using the backspace key.
22. **Addresses:** Click the **Add Address** hyperlink which will take you to a new screen for entering the information. Add an address. Click on **Finish** when you are done entering the information. This will take you back to the **Contact Info** screen with the address you just entered saved under **Addresses**.
23. Click on **Add Address** to enter each new address.
24. Click **Finish** to add each new address to the Address List.

Note: Clicking **Next** automatically saves the Address List information and moves you to the Collateral Contacts screen.

http://ia-qa.witsweb.org - I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Admission, TEDS | 9710100548 | Case #: 1

Print Report Print View Logout

Contact Info

Home Phone # (484) 785-1214 Created 7/2/2007 9:20 AM
Work Phone # (555) 555-5555 Updated 8/8/2007 8:59 AM
Mobile Phone #
Other Phone #
Fax #
Email Address

Addresses [Add Address](#)

Address Type	Address	Confidential	Created	Updated	Actions

Cancel Save Finish Previous Next

http://ia-qa.witsweb.org - I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Admission, TEDS | 9710100548 | Case #: 1

Print Report Print View Logout

Address Information

Address Type Confidential No
Address Line 1*
Address Line 2
City* State* Zip*

Cancel Finish

Add Client

Add Collateral Contacts

31. Click the **Add Contact** hyperlink to insert contact data. This is the place where you can document the details about all people associated with the client outside the agency.
32. The **Can Contact** field asks the client if the provider can contact this person for any reason.
33. If you need a signed consent to be able to contact this person, complete the consent in the consent module and then select **Yes** on this screen for the **Consent On File** field.
34. When you have made all your entries for a contact, click **Save** to store them in the table.
35. When you have saved all contacts, click **Finish** to return to the **Client List** screen.
36. Review the information in the **Client Profile** screen. If correct, Click **Finish** to return to **Client List** where you will see your new entry listed alphabetically in the **Client List**. Or you can proceed to do the Intake from the **Client List** screen by clicking on the **Activity List** menu item.

http://ia-ga.witsweb.org - I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Admission, TEDS | 9710108548 | Case #: 1

Print Report Print View Logout

I-SMART

Home Page
Agency ▶
Group List ▶
Client List ▼
Client Profile ▼
Alternate Names
Additional Information
Contact Info
Collateral Contacts
Other Numbers
History
Non-Episode Contact
Activity List ▶
Episode List
System Administration ▶
My Settings ▶
Reports

Collateral Contacts

First Name	Last Name	Relation	Phone Numbers	Can Contact?	Actions
Similar	Admission	Father	Home: (555) 555-5555	Yes	Review Delete
Add Contact					

First Name Address 1
 Last Name Address 2
 Relation City State Zip
 Gender
 Date of Birth SSN
 * At least one phone # must be entered
 Home Phone
 Work Phone
 Mobile
 Fax
 Other
 Can Contact Consent On File
 Notes
 Created
 Last Update
 Finish Previous Next

http://ia-ga.witsweb.org - I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Admission, TEDS | 9710108548 | Case #: 1

Print Report Print View Logout

I-SMART

Home Page
Agency ▶
Group List ▶
Client List ▼
Client Profile ▼
Alternate Names
Additional Information
Contact Info
Collateral Contacts
Other Numbers
History
Non-Episode Contact
Activity List ▶
Episode List
System Administration ▶
My Settings ▶
Reports

Collateral Contacts

First Name	Last Name	Relation	Phone Numbers	Can Contact?	Actions
Similar	Admission	Father	Home: (555) 555-5555	Yes	
Add Contact					

First Name Address 1
 Last Name Address 2
 Relation City State Zip
 Gender
 Date of Birth SSN
 * At least one phone # must be entered
 Home Phone
 Work Phone
 Mobile
 Fax
 Other
 Can Contact Consent On File
 Notes
 Created
 Last Update
 Cancel Save Finish

Add Client

Other Numbers

37. Click the **Add Other Number** hyperlink to insert court case numbers and related numbers.
38. **Number Type** and **Number**: Select the number type from the drop down list and enter the appropriate number.
39. Enter other information as needed.
40. Click **Save** to move the information you just entered to the list on top.
41. Click on **Add Other Number** for each new entry. You can save multiple numbers for a client.

The screenshot shows the I-SMART web application interface. The browser address bar displays "http://ia-qa.witsweb.org - I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health". The user is identified as "Cleland, Lonnie" at the "Iowa Dept. of Public Health, Test Facility" with client information "Admission, TEDS | 9710108548 | Case #: 1". The left sidebar contains a navigation menu with options like "Home Page", "Agency", "Group List", "Client List", "Client Profile", "Alternate Names", "Additional Information", "Contact Info", "Collateral Contacts", "Other Numbers", "History", "Non-Episode Contact", "Activity List", "Episode List", "System Administration", "My Settings", and "Reports". The main content area is titled "Other Numbers" and features a table with columns: "Number Type", "#", "Start", "End", "Contact Name", "Status", and "Actions". Below the table is a form with fields for "Number Type", "Number", "Start Date", "End Date", "Status", "Contact", and "Comments". The "Add Other Number" button is circled in red.

This screenshot shows the same I-SMART web application interface, but with data entered into the form. The "Number Type" dropdown is set to "Court Case Number", the "Number" field contains "09898089", the "Start Date" is "8/8/2007", and the "Status" dropdown is set to "Active". The "Add Contact" button is visible next to the "Contact" field. The "Cancel", "Save", and "Finish" buttons are at the bottom right.

Add Client

Intake

42. Entry Steps: **Client Profile**
43. Once **Client Profile** is complete, you are ready to **Intake** the client. **Intake** is the beginning of a new treatment episode and is required to be completed before any other clinical activities can be recorded.
44. **Intake** can only be completed if the client has no record at the facility, or all previous cases have been closed. When you click on the client's **Activity List** hyperlink, you will get a message window indicating the case status for the client.
45. Click on the **Start New Episode** link to do a new intake and thus, start a new episode. This will take you to the **Client Intake** screen.
46. Check the information in the top portion of the screen which comes pre-filled, and edit if appropriate. Select appropriate options from the drop-down fields. Type in the details of the **Presenting Problems**.
47. Complete the remaining sections if applicable.
48. Click **Finish**. **Finish** will take you to the client's **Activity List** screen. You have now opened a case for the client.

Note: For clients who do not go through the complete treatment process and do not need a discharge record you can close the case on this screen. To close the case, enter a date in the **Date Closed** field and click the **Save & Close the Case** hyperlink.

Client ID	Full Name	DOB	SSN	Gender	Actions
6711058787	Example, Manual	11/5/1967	999-04-8787	Male	Profile Activity List

Case #	Status	Facility	Intake By	Intake Date	Closed Date	Actions
--------	--------	----------	-----------	-------------	-------------	---------

Intake Facility	Test Facility	Case # 1	
Intake Staff	Cleland, Lonnie	Case Status	Open Active
Initial Contact	By Appointment	Date of First Contact	1/1/2006
County of Res.	13-Calhoun	Intake Date	1/1/2006
Source of Referral	29-OWI	Pregnant No	
Referral Contact		Due Date	

Presenting Problem (In Client's Own Words)
I got arrested for OWI.

Special Initiative Selected: None

Inter-Agency Service Selected:

Add Client

Intake

49. Verify **Client Profile** and **Intake** activities are complete in the **Episode Activity List** screen.
50. You may continue with another activity using the left menu to start another task.
51. The **Activity List** shows all the clinical activities started or completed for a client.
52. Notice the **(Details)** hyperlink next to the In Progress Status note. Clicking this hyperlink will open a window showing what state-required information has been left undone. To complete the required information simple click the appropriate **Review** link and go to the screen where the information resides. In this case, you would go to Client Profile/Contact Info/**Add Address**.

Activity	Activity Date	Created Date	Status	Actions
Client Information (Profile)	1/1/2006	8/8/2007	In Progress (Details)	Review
Intake Transaction	1/1/2006	8/8/2007	Completed	Review

Client Information (Profile) Progress

- Address is empty.

I-SMART Training Manual

This training document focuses on the elements of the Assessments module.

August 2008

Scores

SASSI scores

Treatment Assignment Protocol

Client Profile

Withdrawal

Medical

Co-Occurring

Motivation

Alcohol/Drug Use

Support System

ASAM

Summary

Narrative

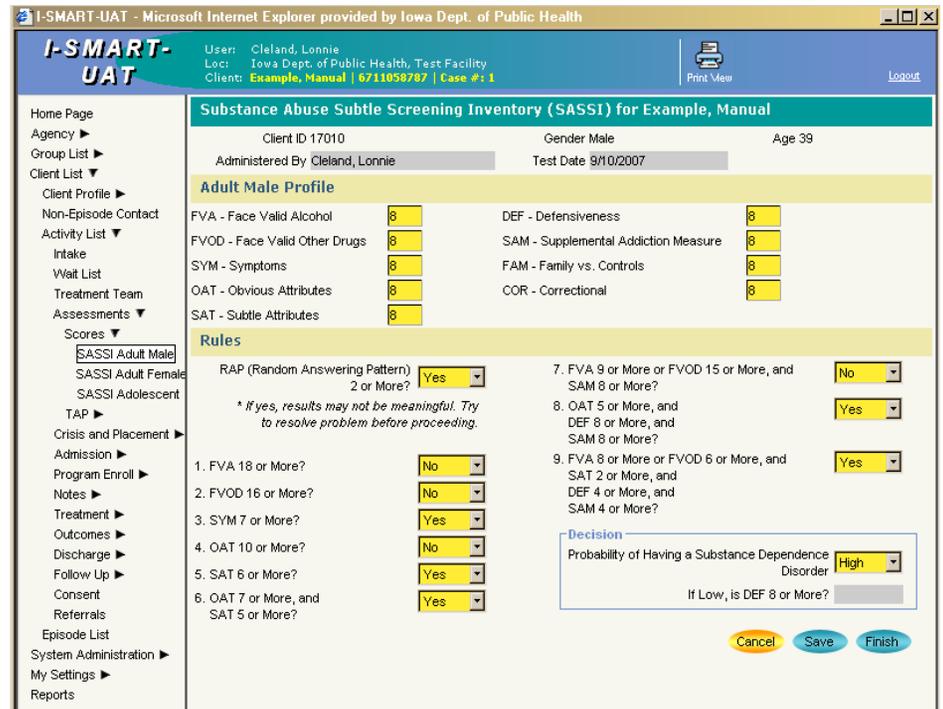
Diagnosis

Scores

Scores

The Scores screens located in the Assessments module are used to record SASSI Adult Male and Female and Adolescent scores.

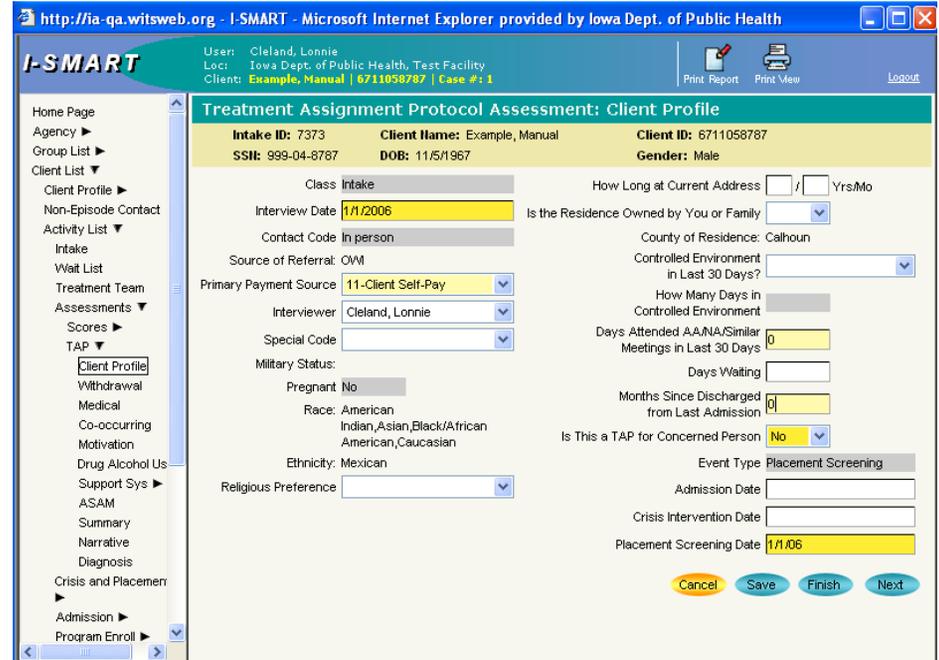
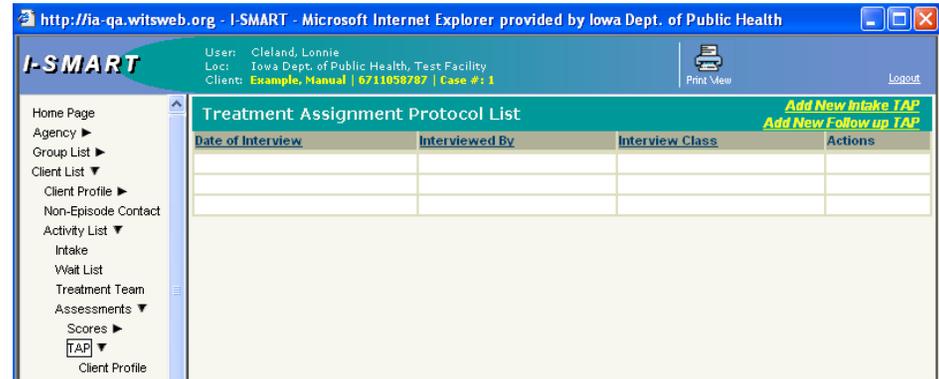
1. **Getting here:** Click on the main menu item **Assessments** under **Activity List**. It will expand to **Scores** and **TAP**.
2. Click on **Scores**. You will get a blank screen with three choices available: SASSI Adult Male, SASSI Adult Female and SASSI Adolescent. Choose the screen appropriate to your client.
3. To enter SASSI scores, just fill in the fields and click **Finish**.
4. Finish will return you to the client's Activity List.



TAP- Client Profile

The Intake Treatment Assignment Protocol (TAP) will always be the first TAP done for any particular client. There can be only one Intake TAP in any one treatment episode. The Follow up TAP can be done at any point in a client's episode of care, but must always succeed an Intake TAP.

1. **Getting here:** Click on main menu item **Assessments** under **Activity List** which expands to **Scores** and **TAP**.
2. Click on **TAP**. You will enter the **Treatment Assignment Protocol List** screen. This screen lists all the assessments completed for this client. You can review an existing assessment by clicking on **Review** under **Actions**.
3. To enter a Placement Screening TAP, click on the link for **Add New Intake TAP**. If you are doing the TAP as part of the Admission process, you must complete the admission module first, then click on the **Add New Follow up TAP** hyperlink.
4. The first screen will be the **TAP Client Profile**. The information in the shaded area is pulled from the Intake module and is read only in this screen. Light yellow fields are state –required data



TAP

5. If not already pre-filled, enter the yellow fields and any other information you would like or that is required by your agency. Remember that all yellow fields must be completed before any portion of I-SMART is considered complete.
6. Click **Next** when done with the **Profile** screen to move to the next screen.

The screenshot shows the I-SMART web application interface. The browser address bar displays "http://ia-qa.witsweb.org - I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health". The user information at the top right includes "User: Cleland, Lonnie", "Loc: Iowa Dept. of Public Health, Test Facility", and "Client: Example, Manual | 6711058787 | Case #: 1". The main content area is titled "Treatment Assignment Protocol Assessment: Client Profile" and contains the following information:

- Intake ID:** 7373
- Client Name:** Example, Manual
- Client ID:** 6711058787
- SSN:** 999-04-8787
- DOB:** 11/5/1967
- Gender:** Male

The form includes several input fields and dropdown menus, some of which are highlighted in yellow to indicate required or pre-filled information:

- Class:** Intake
- Interview Date:** 8/8/2007
- Contact Code:** In person
- Source of Referral:** OMI
- Primary Payment Source:** 11-Client Self-Pay
- Interviewer:** Cleland, Lonnie
- Special Code:** (empty dropdown)
- Military Status:** (empty dropdown)
- Pregnant:** No
- Race:** American, Indian, Asian, Black/African, American, Caucasian
- Ethnicity:** Mexican
- Religious Preference:** (empty dropdown)
- How Long at Current Address:** / Yrs/Mo
- Is the Residence Owned by You or Family:** (empty dropdown)
- County of Residence:** Calhoun
- Controlled Environment in Last 30 Days?** (empty dropdown)
- How Many Days in Controlled Environment:** (empty dropdown)
- Days Attended AA/NA/Similar Meetings in Last 30 Days:** 0
- Days Waiting:** (empty dropdown)
- Months Since Discharged from Last Admission:** 0
- Is This a TAP for Concerned Person:** No
- Event Type:** Placement Screening
- Admission Date:** (empty dropdown)
- Crisis Intervention Date:** (empty dropdown)
- Placement Screening Date:** 1/1/2006

At the bottom right of the form, there are four buttons: **Cancel**, **Save**, **Finish**, and **Next**.

TAP- Withdrawal

7. The questions on the **Withdrawal** screen captures information regarding the client's previous treatment, experience of withdrawal symptoms, and tolerance.
8. Enter the response for each question by selecting the appropriate response from the drop-down box or typing in the text box.
9. For Question 2, **Withdrawal Symptom**-use the mover box to select the symptoms the client reports. Highlight any symptoms the client reports in the left **Withdrawal Symptom** box. To select more than one hold down the Ctrl key and click on the symptoms. Once you have highlighted all symptoms you want, click the right pointing arrow to move the symptoms to the **Selected Withdrawal Symptom** box. To unselect a symptom highlight it in the **Selected Withdrawal Symptom** box and click the left pointing arrow which will move the selected item back to the box on the left.
10. Enter any additional comments in the **Notes** text box at the bottom of the screen.
11. On a long screen like this one, we recommend you click on **Save** occasionally so that you do not lose the data should you lose the internet connection.
12. When you have completed this screen click **Next** to go to the **Medical** screen.

http://ia-qa.witsweb.org - I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 6711058787 | Case #: 1

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Treatment Assignment Protocol Assessment: Withdrawal

Intake ID: 7373 Client Name: Example, Manual Client ID: 6711058787
 SSN: 999-04-8787 DOB: 11/5/1967 Gender: Male

1. What is the longest # of days in a row that you have gone without using alcohol and/or drugs:

a. In the last 30 days?
 b. In the last 6 months?

2. Is the client reporting or exhibiting any of the following symptoms:

Withdrawal Symptoms	Selected Withdrawal Symptoms
Abdominal cramps/diarrhea	
Anxiety, Depression	
Back spasms	
Excessive sweating	

3. How many times in your life have you been treated for:

a. Alcohol abuse?
 b. Drug abuse?

4. How many of these were for:

a. Alcohol detox only?
 b. Drug detox only?

5. How many days in the last 30 days have you been treated for alcohol and/or drugs as an:

a. In-patient?
 b. Out-patient?

6. How many times in the last 30 days have you used:

a. Alcohol?
 b. Drugs?

TAP Medical and Co-Occurring

13. Enter the response for each question by either selecting the appropriate response from the drop-down box, entering the response in the text box, or selecting the responses from the mover box.
14. Enter any additional comments in the **Notes** text box.
15. When you have completed this screen click **Next** to go on to the **Co-Occurring** screen.
16. Enter the response for each question by either selecting the appropriate response from the drop-down box or entering the response in the text box.
17. Enter any additional comments in the **Notes** text box.
18. When you have completed this screen click **Next** to move to the **Motivation** screen.

http://ia-qa.witsweb.org - I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

I-SMART User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1

Print Report Print View Logout

Treatment Assignment Protocol Assessment: Medical

Intake ID: 7373 Client Name: Example, Manual Client ID: 6711058787
SSI: 999-04-8787 DOB: 11/5/1967 Gender: Male

1. How many times in your life have you been hospitalized for medical treatment?
2. How long ago was your last hospitalization for a physical problem? Yrs/Mo
3. Do you have a history of or current diagnosis of any of the following:

Abscess	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>
Cardiac	<input type="checkbox"/>
Cirrhosis or liver problems	<input type="checkbox"/>
4. Do you have chronic medical problems which continue to interfere with your life?
5. Are you taking any prescribed medication on a regular basis for a physical problem?

Please list:
6. How many days in the last 30 have you experienced medical problems?
7. How troubled have you been in the last 30 days by these medical problems?
8. How many times in the last 30 days have you visited an ER?
9. Have you ever been diagnosed with TB?
10. Are you currently using birth control?
11. What is your weight? lbs
12. Have you noticed a recent weight loss?
13. How many times in the last 6 months have you been hospitalized due to a non-TX drug and/or alcohol related problem?

Interviewer Rating:

14. How would you rate the client's need for medical treatment?

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I-SMART User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1

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Treatment Assignment Protocol Assessment: Co-occurring

Intake ID: 7373 Client Name: Example, Manual Client ID: 6711058787
SSI: 999-04-8787 DOB: 11/5/1967 Gender: Male

1. How many times have you been treated for any psychological or emotional problems in a hospital or in-patient setting?

Per 30 Days	<input type="text"/>
Lifetime	<input type="text"/>
2. Experienced serious depression, sadness, hopelessness, lack of interest?
3. Experienced serious anxiety, tension, inability to relax, unreasonable worry?
4. Experienced hallucinations or saw/heard things that did not exist?
5. Experienced trouble understanding, concentrating, remembering?
6. Experienced trouble controlling violent behavior including rage or violence?
7. Experienced serious thoughts of suicide?
8. Attempted suicide?
9. Been prescribed meds for psychological or emotional problems?

Please specify:
10. How many days in the last 30 have you experienced psychological or emotional problems?
11. How troubled have you been in the last 30 days by these emotional problems?
12. Psychiatric problem in addition to alcohol/drug problem?

Interviewer Rating:

At the time of the interview was the client:

13. Obviously withdrawn/depressed?

TAP Motivation and Alcohol/Drug Use

21. The **Motivation** screen has no system or state-required data.
22. Enter the response for each question by either selecting the appropriate response from the drop-down box or entering the response in the text box.
23. Enter any additional comments in the **Notes** text box.
24. When you have completed this screen click **Next**.
25. The **Alcohol/Drug Usage** screen will be the next screen.
26. Enter the response for each question by either selecting the appropriate response from the drop-down box or entering the response in the text box.
27. Enter any additional comments in the **Notes** text box.
28. When you have completed this screen click **Next**.

http://ia-qa.witsweb.org - I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
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Print Report Print Menu Logout

Treatment Assignment Protocol Assessment: Motivation

Intake ID: 7373 Client Name: Example, Manual Client ID: 6711058787
SSI: 999-04-8787 DOB: 11/5/1967 Gender: Male

- Is the client motivated to change his/her alcohol/drug use?
- Are there any medical conditions which interfere with the client's treatment needs?
- How important now to the client is treatment for these medical problems?
- Are there any psychological conditions which interfere with the client's treatment needs?
- How important now to the client is treatment for these psychological problems?

Interviewer Rating:
6. How would you rate the client's readiness to change?

Notes:

Cancel Save Finish Previous Next

http://ia-qa.witsweb.org - I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
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Treatment Assignment Protocol Assessment: Alcohol/Drug Usage

Intake ID: 7373 Client Name: Example, Manual Client ID: 6711058787
SSI: 999-04-8787 DOB: 11/5/1967 Gender: Male

- Which substance do you consider to be the client's:
 - Primary problem? 21-Alcohol
 - Secondary problem? 00-None
 - Tertiary problem? 00-None
- Was the Substance prescribed to the client? No Primary N/A Secondary N/A Tertiary N/A
- What was the age of first use? (if unknown, enter "97"; if not applicable, enter "96"): 14 96 96
- What is the severity of use? N/A N/A
- What is the frequency of use? 13-3-6 times per week N/A N/A
- What are the methods of use? 1-Oral N/A N/A
- Have you ever tried to reduce or control use of this substance?
- Has anyone ever asked you to stop using this substance?
- What was the date of last use?
- Methadone Maintenance Planned? No Other Addictions: 3-Compulsive Disorder 4-Eating Disorder 5-Gambling 6-Other Selected Other Addictions: 0-None
- Ever attended a self-help/support group (A.A./N.A., R/R, church, etc.)?
- Last substance admission environment in the last 10 years: 00-No Previous Admission
- Number of prior substance abuse admissions: 0
- Interviewer Rating:
13. How would you rate the client's potential?

TAP

TAP Employment and Social

29. The next sub-module of TAP is regarding the **Support System** of the client. This covers information about **Employment, Social, and Legal** aspects. Clicking on Support System takes you directly to the **Employment** Screen.
30. Enter the response for each question by either selecting the appropriate response from the drop-down box or entering the response in the text box.
31. Enter any additional comments in the **Notes** text box.
32. When you have completed this screen click **Next**.
33. The **Social** screen will be the next screen.
34. Enter the response for each question by either selecting the appropriate response from the drop-down box, entering the response in the text box, or selecting the responses from the mover box.
35. Enter any additional comments in the **Notes** text box.
36. When you have completed this screen click **Next**.

I-SMART-UAT - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

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Loc: Iowa Dept. of Public Health, Test Facility
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Treatment Assignment Protocol Assessment: Employment

Intake ID: 7361 Client Name: Example, Manual Client ID: 6711058787
SSID: 999-00-8787 DOB: 11/5/1967 Gender: Male

Employment

1. Education completed? YrsMo
2. Training or technical ed? YrsMo
3. Do you have a profession, trade, or skill?
Please specify:
4. Do you have a valid driver's license?
5. Do you have an automobile available for use?
6. Longest full time job? YrsMo
7. Usual or last occupation?
8. Does someone contribute to your support in any way?
9. Does this constitute the majority of your support?
10. Employment status?
11. Employer
12. How many days in the last 30 were you paid for work? include under the table

How much money did you receive from the following resources in the last 30 days:

13. Employment (gross)? <input type="text"/>	16. Pension, SS, benefits? <input type="text"/>
14. Unemployment comp? <input type="text"/>	17. Mate, family, friends? <input type="text"/>
15. Welfare? <input type="text"/>	18. Illegal? <input type="text"/>

* Current gross/taxable individual monthly income?

19. What is your primary source of income?

Other Income Sources Other Income Sources Selected

19a.

I-SMART-UAT - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

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Treatment Assignment Protocol Assessment: Social

Intake ID: 7361 Client Name: Example, Manual Client ID: 6711058787
SSID: 999-00-8787 DOB: 11/5/1967 Gender: Male

Family/Social Relationships

1. What is your current relationship status?
2. Are you satisfied with this situation?

If no, please specify:

3. What has been your usual living arrangement?
4. How long have you lived in these arrangements? / YrsMo
5. Are you satisfied with these arrangements?
6. Do you live with anyone who:
 - a. Has a current alcohol problem?
 - b. Uses non-prescribed drugs?
7. With whom do you spend most of your free time?
8. Are you satisfied spending your free time this way?
9. How many close friends do you have?
10. List the people with whom you have had a close, long lasting relationship:

Mother	<input type="text"/>
Father	<input type="text"/>
Brother/Sister	<input type="text"/>
Sexual partner/spouse	<input type="text"/>
11. Have you had significant periods in the last 30 days or in your lifetime in which you have experienced serious problems getting along with your:

Mother?	<input type="text"/>	Part 30 Days	<input type="text"/>	Lifetime	<input type="text"/>
Father?	<input type="text"/>				

TAP Legal and ASAM

37. The **Legal** screen will be the next screen.
38. Enter the response for each question by either selecting the appropriate response from the drop-down box or entering the response in the text box. Enter the number of **arrests, charges, and convictions** for each of the categories of crimes listed on this screen.
39. Enter any additional comments in the **Notes** text box.
40. When you have completed this screen click **Next**.
41. The **ASAM** screen will be the next screen.
42. **ASAM:** Select the appropriate level of care for each ASAM dimension and provide necessary comments for your selection. If the **Recommended Level of Care** and the **Assigned Level of Care** do not match, select the appropriate option from the **Clinical Override** drop down and if necessary provide additional explanation in the comments box.
43. The information for this screen will pre-fill with either the ASAM information from Admission or a previous TAP, whichever is the most recent, and should be updated as needed.
44. When you have completed this screen click **Next**.

I-SMART-UAT - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
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Treatment Assignment Protocol Assessment: Legal

Intake ID: 7361 Client Name: Example, Manual Client ID: 6711058787
SSII: 999-00-8787 DOB: 11/5/1967 Gender: Male

Legal

- Was this admission prompted by the criminal justice system? [Dropdown]
- Are you on parole or probation? [Dropdown]

How many times have you been arrested and/or charged and/or convicted for the following:

	Arrests	Charges	Convictions
3. Shoplifting/vandalism?			
4. parole/probation violation?			
5. Drug charges?			
6. Forgery?			
7. Weapons offense?			
8. Burglary, larceny, B&E?			
9. Robbery?			
10. Assault?			
11. Arson?			
12. Rape?			
13. Homicide/manslaughter?			
14. Prostitution?			
15. Contempt of court?			
16. OVI in the last 12 months?	1		
17. Non-drug or alcohol-related crime while under the influence in the last 12 months?	0		
18. Non-drug or alcohol-related crime while not under the influence in the last 12 months?	0		
19. Drug or alcohol-related crime	0		

I-SMART-UAT - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
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Treatment Assignment Protocol Assessment: ASAM

Intake ID: 7361 Client Name: Example, Manual Client ID: 6711058787
SSII: 999-00-8787 DOB: 11/5/1967 Gender: Male

Dimension	Level of Risk	Level of Care
1 - Acute Intoxication and/or Withdrawal Potential		
2 - Biomedical Conditions and Complications		
3 - Emotional, Behavioral, or Cognitive Conditions and Complications		
4 - Readiness to Change		
5 - Relapse, Continued Use, or Continued Problem Potential		
6 - Recovery / Living Environment		

Comments [Text Box]

Recommended Environment: 20-Intensive outpatient Clinical Override: [Dropdown]
Actual Environment: [Dropdown] Comments: [Text Box]

ASAM Notes Cancel Save Finish Previous Next

SUMMARY

45. Enter your response for the two questions regarding **Interviewer Confidence Rating** by selecting the appropriate response from the drop-down box.

46. Enter any additional comments in the **Comments** text box.

47. Enter the **Interview Start Date**, **End Date** and **Total Interview Time**.

48. This is the end of the process of administering the assessment tool. When you complete this **Summary** screen and click **Next** it will take you to the system generated **Narrative**.

I-SMART-UAT - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 6711058787 | Case #: 1

Print Report Print View Logout

Treatment Assignment Protocol Assessment: Summary

Intake ID: 7361 Client Name: Example, Manual Client ID: 6711058787
 SSII: 999-00-8787 DOB: 11/5/1967 Gender: Male

Interviewer Confidence Rating:

- In your opinion, is the information in this assessment significantly distorted due to client's misrepresentation?
- In your opinion, is the information in this assessment significantly distorted due to client's ability to understand?

Comments:

Assessment Duration

Interview Start Date: 9/10/2007 End Date: 9/10/2007 Total Interview Time:

Cancel Save Finish Previous Next

TAP Narrative

49. This screen will show you a narrative generated by the system based on the information you entered in the previous screens. This information is read only.
50. When you are done reviewing the Narrative screen click **Next** to proceed to **Diagnosis** screen or click **Finish**. If you click **Finish**, this will take you back to the **Activity List** where you will see the TAP listed as Completed. Clicking **Review** will take you to the TAP Profile screen.
51. You can review any previously entered TAP's by clicking **Review** use in the **Actions** column of the Assessment/TAP List screen.

PPA Narrative - Microsoft Internet Explorer

Client: **Jetson, Jane | Case #:** 1

Intake ID: 212
DOB: 1/1/1970

Client Name: Jetson, Jane
Gender: Female

On 7/7/2004 10:30:16 AM client was referred by Court-Criminal Proceedings for services as a result of Alcohol use and DMV

Withdrawal

Client reports her/his longest period of abstinence from alcohol in the 30 days prior to the Assessment as being 15. Client reports her/his longest period of abstinence from drugs in the 30 days prior to the Assessment as 45. Client reports and/or exhibits the following withdrawal symptoms: Anxiety, Depression, Headaches, Back spasms, Abnormal or irregular heartbeat, Irritability, Sleep disturbance, Excessive sweating, Hallucination, Increased pulse rate, Leg cramps, Nausea, vomiting, Psychomotor agitation, Runny nose, Seizures, Tremor, Watery eyes, Excessive yawning. Client reports 10 lifetime treatments for alcohol abuse and 10 treatments for drug abuse. Client reports 5 of these lifetime treatments for alcohol abuse were for alcohol detox. Client reports 5 of these lifetime treatments for alcohol abuse were for drug detox. Client reports receiving inpatient treatment for alcohol/drug abuse in the 30 days prior to the Assessment. Client reports receiving outpatient treatment for alcohol/drug abuse in the 30 days prior to the Assessment. During the past 30 days, client reports using alcohol 3-6 Times per Week. During the past 30 days, client reports using drugs 3-6 Times per Week. Client reports experiencing both alcohol and drug problems in the 30 days prior to the assessment. Client acknowledges a history of alcohol DT's. Client acknowledges a history of drug overdose Client reports sometimes using prescription over the counter medication or an illicit drug to relieve withdrawal symptoms. Client reports reports experiencing increase in tolerance, loss of control, blackouts, and preoccupation with use. Client denies a past history of IV drug use. She denies any suicidal thoughts or suicidal ideation. Client reports that she would be able to support at home if her/his needed help while detoxifying. She acknowledges other possible addictions detailed further in the Comments section. This interviewer rates the client's need for detoxification services as Critical.

Medical

Client reports 5 hospitalizations for medical problems during her/his lifetime. Client reports last hospitalization for a physical problem as 6 years (3) and 6 months (3) ago. She reports a history or current diagnosis of the following: (Assessing: Arthritis, Cirrhosis or liver problems, Cardiac, Diabetes, Epilepsy, Fractures, Gastrointestinal bleeding, Hepatitis A, Hepatitis B, Hepatitis C, Hearing or hearing problems, Pancreatitis, Sexually transmitted disease, Seizures, Vision). Client reports any chronic medical problems that continue to interfere with her/his life. Her/his acknowledges taking prescription medication on a regular basis for a physical problem. Her/his is taking the following medications: (Prescribe). Client reports experiencing medical problems in the past 30 days. Her/his does not appear to have a psychological problem in addition to possible alcohol/drug problem. Client reports ever being diagnosed with Tuberculosis. She states she uses birth control. Client reports weighing 125 and has noticed a recent weight loss. Client denies any hospitalizations in the past 6 months due to an alcohol or drug related problem. This interviewer rates the client's need for medical treatment as being Critical. This client is pregnant.

Co-occurring

Client reports 5 treatments in a hospital/inpatient setting for psychological or emotional problems. Client acknowledges experiencing serious depression, sadness, hopelessness, loss of interest, or difficulty with daily function in the past 30 days. Client acknowledges experiencing serious unreasonable worry, or feel relaxed in the past 30 days. Client acknowledges experiencing hallucinations or saw/heard things that did not exist in the past 30 days. Client acknowledges experiencing trouble understanding, concentrating, remembering, or focusing in the past 30 days. Client acknowledges experiencing serious controlling violent behavior including rage or violence in the past 30 days. Client acknowledges experiencing serious thoughts of suicide in the past 30 days. Client reports attempting suicide in the past 30 days. Her/his reports having been prescribed medication for psychological or emotional problems within the past 30 days. Client acknowledges experiencing psychological or emotional problems in the past 30 days. She reports being extremely bothered by these problems in the past 30 days. The interviewer notes that the client does not appear to have a psychological problem in addition to possible alcohol/drug problem. At the time of the interview, the client seemed obviously depressed/withdrawn, appeared obviously hostile, was obviously anxious/nervous. The interviewer noted indicators that the client was having trouble with reality testing, thought disorders and/or personality problems. The client appeared to be having trouble comprehending, concentrating, remembering. She acknowledged suicidal thoughts at present. The interviewer rates the client's level of needs for mental health treatment as being Critical.

Motivation

Client appears to be motivated to change her/his substance use patterns. Client appears to have medical problems that will interfere with the client's ability to complete a test. The client states it is extremely important that she receive treatment for these medical problems. Client appears to have psychological problems that will interfere with treatment. The client states it is extremely important that she receive treatment for these psychological problems. This interviewer rates client's overall readiness to change as being in the Action stage.

Alcohol/Drug Usage

The assessment information suggests that the client's primary problem substance is Alcohol. The assessment information suggests that the client's secondary problem substance is None. The assessment information suggests that the client's tertiary problem substance is None. The client reports his/her age of first use of the primary substance as 17. The interviewer has assessed the client's severity of use as being Moderate Problem/Dysfunc. The client reported her/his frequency of use of the primary substance as 3-6 times per week. Method of administration is reported as Oral. The client states that she has tried to reduce or control her/his use of this substance. The client reports others have suggested her/his stop using. Her/his date of last use was 03/01/05. The interviewer finds the assessment findings suggest no need for a methadone maintenance program. The client reports no evidence of other addictions. The client acknowledges attending a self-help or support group such as AA, NA, or OA in the past. She denies having been admitted to substance abuse treatment. This interviewer rates the client's potential for continued substance use as Critical.

Employment

The client states that her/his education level is Baccalaureate Degree (BA/BS). She/his has also had 10 year(s) and 6 month(s) of training. The client reports her/his profession as sales. The client reports that she does have a valid driver's license. She has automobile available for use. The client longest full-time job was reported as 2 year(s) 6 month(s). The client reports having no usual occupation. She states that someone else contributes to her/his support. The client reports that this does constitute a majority of her/his support. The client reports her/his employment status in the past 3 years as Not in Labor Force - Other. The client reports income in the past 30 days from the following sources: employment, unemployment, welfare, pension, SS, benefits, mate, family, illegal. She reports gross/available individual monthly income as 2500.0000. The client's primary source of income is reported as None. The client's other source income is reported as: Interest and Other. Over the last 6 months the client reports 6 months of employment. She acknowledges some employment problems in the last month. Please see comments section for the information. The client reports her/his work or school in the past 6 months due to substance related problems. Her/his reports having health insurance that does not cover substance abuse treatment. Based on the above information, the interviewer rates the client's need for employment services as Critical.

Social

The client describes her/his current relationship status as Married. The client states that she is satisfied with this situation. The client's usual living arrangements during the past 3 years have been Private Res w/o Support. She states that free time is spent mostly family. She describes being satisfied with spending free time this way. The client reports that she lives with a person who has an active prescription drugs. The client describes her/his current living arrangements. The client describes having 3 close friends. She describes long-lasting relationships with the following people: Brother/sister, Children, Friends, Family, Father, Other significant family. The client has had significant periods of substance use. The client reports serious problem getting along with her/his: Mother, Father, Sibling, Sexual partner/spouse, Children, Other significant family, Friends, Neighbors, Co-workers. The client states she has been emotionally abused by: Mother, Father, Other significant family. She reports having been physically abused by: Mother, Father, Other significant family. She reports having been sexually abused by: Father, Other significant family. She reports having 2 children, 1 child(ren) spent the last 6 months living with the client. Client reports any of the children live with someone else due to a child protection order. The client reports problems caused by substance use at home. The client states she has a DHS case worker. The client reports being extremely troubled by family problems in the last 30 days. The client reports being extremely troubled by social problems in the last 30 days. She acknowledges having given up or reduced involvement in social or recreational activities that did not involve use of alcohol or other drugs. The client reports a family history of substance abuse or dependency. This interviewer rates the client's need for family or social counseling as Critical.

Legal

The client states that this admission was prompted by the criminal justice system. She reports being on probation or parole. The client reports being arrested, charged and/or convicted of the following: Other. The client has been arrested 0 times in the last 12 months. The client reports incarcerations lifetime totaling 30 day(s). The client's last incarceration was for OVI and lasted 15 day(s). The client's last incarceration was for OVI and lasted 15 day(s). The client states her/his has been incarcerated for 15. She has engaged in illegal activities for profit in 15 of the last 30 days. The client rates the seriousness of her/his current legal problems as Extremely. The interviewer rates the client's need for legal services as Critical.

Comments

In the interviewer's opinion, the assessment was considerably distorted by the client's misrepresentations in the interviewer's opinion, the information in this assessment was considerably distorted by the client's ability to understand.

Treatment Assignment Protocol List - Microsoft Internet Explorer

Client: **Jetson, Jane | Case #:** 1

Print Report Print View Help Logout

Treatment Assignment Protocol List

Date of Interview	Interviewed By	Interview Class	Actions
12/9/2004	Kelly2, Maureen	Intake	Review
3/17/2005	Kelly2, Maureen	Intake	Review

Home Page Agency Client List Client Profile Non-Episode Contact Activity List Intake Wait List Tx Team Assessments Scores TAP Client Profile Withdrawal

Diagnosis

52. **Select Primary Diagnosis:** If you know the diagnostic code, you can choose the appropriate diagnosis by clicking the drop down field. Then hold down the number of the code to scroll to the proper selection. For example, the client's diagnosis is 303.90. Simply click on the field and hold the 3 key down until the selection scroll into view. Select **Secondary** and **Tertiary** diagnoses in this same manner.
53. In this same manner, enter the appropriate **Priority (Primary, Secondary, or Tertiary)** for each diagnosis you enter.
54. To add diagnostic codes to the Axes, click the **Edit Axis Evaluation** hyperlink. This will open the Axis Evaluation screen. You can then choose the appropriate diagnosis to add to the axis. For example, Choosing Alcohol Dependence and clicking the Add to Axis hyperlink in the Axis I box will add this diagnosis to Axis I.
55. In this same manner, you can continue adding to both Axis I and the other Axes as desired.
56. **Finish** will take you back to the Client Diagnosis screen with the diagnoses added to each Axis.

I-SMART-UAT - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1

Client Diagnosis

Primary: 303.90-Alcohol Dependence(DSM)
Secondary: 300.3-Obsessive-Compulsive Disorder(DSM)
Tertiary:

Axis I	Code	Description	Specifier	Principal	Created/Updated

Axis II	Code	Description	Specifier	Principal	Created/Updated

Axis III	Code	Description	Specifier	Principal	Created/Updated

Axis IV	Code	Description	Specifier	Principal	Created/Updated

Axis V: [Edit Axis Evaluation](#)

[Cancel](#) [Save](#) [Finish](#) [Previous](#)

I-SMART-UAT - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1

Axis Evaluation

Alcohol Dependence (DSM)
Specifier: Principal Diagnosis: Yes

Axis I	Code	Description	Specifier	Principal	Actions
					Add to Axis

Axis II	Code	Description	Specifier	Principal	Actions
					Add to Axis

Axis Evaluation

Alcohol Dependence (DSM)
Specifier: Principal Diagnosis: Yes

Axis I	Code	Description	Specifier	Principal	Actions
					Add to Axis
	303.90	Alcohol Dependence		Yes	Update Delete

Axis II	Code	Description	Specifier	Principal	Actions
					Add to Axis

TAP

Diagnosis

57. **Axis V** is a text field. Enter a GAF value.
58. **Finish** will take you to the TAP Profile screen.
59. **Finish** again will take you to the Activity List screen where the TAP will be shown as Completed.

I-SMART-UAT - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

I-SMART-UAT User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 6711058787 | Case #: 1

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 Program Enroll ▶
 Notes ▶
 Treatment ▶
 Outcomes ▶

Client Diagnosis

Primary [303.90-Alcohol Dependence(DSM)]
 Secondary [300.3-Obsessive-Compulsive Disorder(DSM)]
 Tertiary []

Axis I	Code	Description	Specifier	Principal	Created/Updated
	303.90	Alcohol Dependence		Yes	

Axis II	Code	Description	Specifier	Principal	Created/Updated

Axis III	Code	Description	Specifier	Principal	Created/Updated

Axis IV	Code	Description	Specifier	Principal	Created/Updated

Axis V [] [Edit Axis Evaluation](#) Cancel Save Finish Previous

I-SMART Training Manual

This training document focuses on the elements required to admit a client to an episode of treatment in a facility and its program(s).

Admission

- Admission Profile
- Financial/Household
- Youth Info
- Substance Abuse
- Legal
- ASAM
- Diagnosis
- Treatment Team
- Program Enrollment

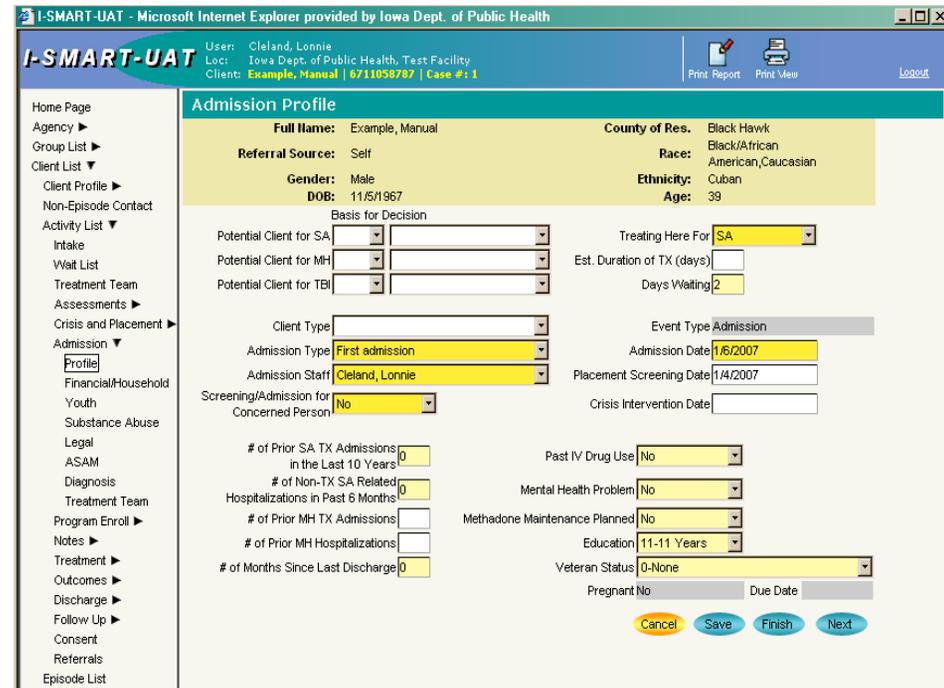
August 2008

Admission

Admission Profile

1. **Entry Steps: Client Profile, Intake,**
2. You have completed the **Client Profile** and **Intake**. Go to **Client List** and use the **Activity List** hyperlink to select your client.

Note: If you accidentally select the wrong client, use the menu at the far left to return to **Client List**.
3. Select **Admission** in the **Activity List** sub-menu. You will be placed in the **Admission Profile**, the first of 9 admission screens. Though the **Program Enrollment** screen is not physically a part of the **Admission** module, we consider it necessary for the admission process.
4. **Read-Only Fields: Full Name, Referral Source, Gender, DOB, County of Residence, Race, Ethnicity, and Age.** Most of this data was entered via the **Client Profile**. To correct inaccuracies, return to the **Client Profile**.



Admission

Admission Profile

- Problem Area:** One of the objectives in the admission process is to document the entry conditions for the client. You can see that many fields are available, but not all are required by either the system or Iowa. For example, the first three questions refer to whether the client is determined to have a substance abuse (SA), mental health (MH) or traumatic brain injury (TBI) problem.
- The **Event Type** field is populated by the system with Admission. You will note that the Placement Screening and if appropriate the Crisis date fields are also populated by the system based on when these services were provided.
- Fill in the appropriate date. Dates on the **Admission** screen are always the date the service took place.
- The **Admission Staff** is pre-populated based on the user's name. In some circumstances, the admission record may be entered into I-SMART by someone other than the admitting counselor. These default values may be overridden so that the admitting counselor may be recorded.

I-SMART-UAT - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058797 | Case #: 1

Print Report Print View Logout

Admission Profile

Full Name: Example, Manual	County of Res.: Black Hawk
Referral Source: Self	Race: Black/African American,Caucasian
Gender: Male	Ethnicity: Cuban
DOB: 11/5/1967	Age: 39

Basis for Decision

Potential Client for SA: [Dropdown] [Input]
Potential Client for MH: [Dropdown] [Input]
Potential Client for TBI: [Dropdown] [Input]

Treating Here For: SA [Dropdown]
Est. Duration of TX (days): [Input]
Days Waiting: 2 [Input]

Client Type: [Dropdown] Event Type: Admission [Dropdown]
Admission Type: First admission [Dropdown] Admission Date: 1/6/2007 [Input]
Admission Staff: Cleland, Lonnie [Dropdown] Placement Screening Date: 1/4/2007 [Input]
Screening/Admission for Concerned Person: No [Dropdown] Crisis Intervention Date: [Input]

of Prior SA TX Admissions in the Last 10 Years: 0 [Input]
of Non-TX SA Related Hospitalizations in Past 6 Months: 0 [Input]
of Prior MH TX Admissions: [Input]
of Prior MH Hospitalizations: [Input]
of Months Since Last Discharge: 0 [Input]

Past IV Drug Use: No [Dropdown]
Mental Health Problem: No [Dropdown]
Methadone Maintenance Planned: No [Dropdown]
Education: 11-11 Years [Dropdown]
Veteran Status: 0-None [Dropdown]
Pregnant: No [Input] Due Date: [Input]

Cancel Save Finish Next

Admission

Admission Profile

9. **Admission Type:** This field indicates whether the client is a new admission or re-admission. Be certain to check for previous cases and alternate names before determining if this client is being re-admitted to this facility.
10. **Days Waiting:** The number of days elapsed between when the client scheduled the appointment and when s/he was actually admitted.
11. **Historical Information:** The questions at the bottom of the screen are used to collect the number of times the client has been treated in various settings as well as other historical information that may change over time.
12. Click **Next** to proceed to **Financial** and **Household** information screen.
13. Click **Next** to proceed to **Financial** and **Household** information screen.
14. Note: All required fields are highlighted in yellow color. The status of the module in the **Activity List** will remain **In Progress** until all required fields are entered. You cannot enter services until the **Intake** and **Admission** Modules are completed.

I-SMART-UAT - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

I-SMART-UAT User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1

Print Report Print View Logout

Admission Profile

Full Name: Example, Manual	County of Res.: Black Hawk
Referral Source: Self	Race: Black/African American, Caucasian
Gender: Male	Ethnicity: Cuban
DOB: 11/5/1967	Age: 39

Basis for Decision

Potential Client for SA	Treating Here For SA
Potential Client for MH	Est. Duration of TX (days)
Potential Client for TBI	Days Waiting 2

Client Type [Dropdown] **Event Type** Admission

Admission Type First admission **Admission Date** 1/6/2007

Admission Staff Cleland, Lonnie **Placement Screening Date** 1/4/2007

Screening/Admission for Concerned Person No **Crisis Intervention Date** [Empty]

of Prior SA TX Admissions in the Last 10 Years 0 **Past IV Drug Use** No

of Non-TX SA Related Hospitalizations in Past 6 Months 0 **Mental Health Problem** No

of Prior MH TX Admissions [Empty] **Methadone Maintenance Planned** No

of Prior MH Hospitalizations [Empty] **Education** 11-11 Years

of Months Since Last Discharge 0 **Veteran Status** 0-None

Pregnant No [Empty] **Due Date** [Empty]

Cancel Save Finish Next

Admission

Financial, Household, Youth

15. **Financial Info:** This section captures some basic information about the client's financial situation.
16. The information for income from SSI/SSDI is under the **Other Income Sources** which allows you to pick multiple options.
17. **Household Composition:** These questions help to establish the living arrangements of the client at time of admission. More detailed questions about their living circumstance may be captured in the TAP.
18. Click **Next** to proceed to Youth.
19. **Youth Admission:** This section is only required if the client is under 18 years old. Use the **Add Contact** hyperlink to add the details of the **School Contact** in the **Client Profile>Contacts** if not already listed.
20. Click **Next** to proceed to **Substance Abuse**.

I-SMART-UAT User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1

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Reports

Client Admission for Example, Manual

Financial Info

Employment Status: E01-Employed Full Time
Primary Income Src: 11-Wages/Salary
Months Emp Last 6 Months: 6
Expected Payment Src: 11-Client Self-Pay
Occupation: 3-Crafts/Operatives
Insurance Type: None
Annual Household Income: []
Client's Monthly Gross: \$800.00
Covers Substance Abuse Treatment: No

Other Income Sources

Other Income Sources Selected: 11-Wages/Salary
None
12-Family/Friends
13-Public Assistance

Household Composition

Household Composition: []
Marital Status: 2-Married
Living Arrangement: 13-With significant other alone
of Children Under 17 Living/Not Living w/Client: 0
of Children Spent Last 6 Mos Living w/Client: []
Children Living With Someone Else Because of Protection Order: []

Relation to Client

Living with Client
Aunt(s)
Brother(s)
Daughter(s)

Buttons: Cancel, Save, Finish, Previous, Next

I-SMART-UAT User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1

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ASAM

Client Admission for Example, Manual

Youth Admission

Client is a Student: []
Client is a Gang Member: []
Guardian Name: []
Guardian Type: []
School Name: []
School Contact: [] [Add School Contacts](#)
Attending Grade: [] Days Suspended in Last 30 Days: []
Current GPA: [] Days Absent in Last 30 Days: []

Buttons: Cancel, Save, Finish, Previous, Next

Substance Abuse

21. **Substance Abuse:** This section should be completed for all substance abuse clients. Once you select a **primary substance**, you must complete the associated **Frequency** and **Method** drop downs. Follow the same process for **Secondary** and **Tertiary** substances if appropriate.

22. **Note:** You cannot have a **Secondary** substance without a **Primary**.

23. **Use:** You must also complete the **First Use** and question if a substance has been indicated in the upper section of this form.

24. **Last 30 Days:** This section captures the client's current problems related to substance abuse. It is recommended that you provide detailed comments if the client has experienced problems in the past 30 days.

25. **Other Addictions:** You may use the mover box to document additional addictions.

26. Click **Next** to proceed to **Legal**.

I-SMART-UAT User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 0711030707 | Case #: 1

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 Discharge ▶
 Follow Up ▶
 Consent
 Referrals

Client Admission for Example, Manual

Substance Abuse

Rank	Substance	Severity	Frequency	Method
Primary:	21-Alcohol		13-3-6 times per week	1-Oral
Secondary:	22-Cocaine/Crack		12-1-2 times per week	2-Smoking
Tertiary:	00-None	N/A	N/A	N/A

Was the Substance prescribed to the client? Primary No Secondary No Tertiary N/A

At what age did the client FIRST use the substances indicated above (if unknown, enter "97"; if not applicable, enter "96"): Primary 14 Secondary 23 Tertiary 96

of DAYS since LAST use of the substances indicated above: Primary Secondary Tertiary

of Days Abstinent in Last 30 Days

of Days in Support Group in Last 30 Days

of Days Attended AA/NA/Similar Meetings in Last 30 Days

of Days of Work/School Missed in Last 6 mo. Due to SA Related Problems

Other Addictions
 0-None
 3-Compulsive Disorder
 5-Gambling
 6-Other

Selected Other Addictions
 4-Eating Disorder

Does Client Currently Use Tobacco 1-Cigarettes

Daily Frequency of Cigarette Use > 2 packs

Last SA Env. in Last 10 Yrs 19-Extended Outpatient

Comments

Cancel Save Finish Previous Next

Admission

Legal History

- Legal History:** Indicate the number of incidences as appropriate to the question by typing in a number in the appropriate text box.
- Click **Next** to proceed to the **ASAM** screen.

I-SMART-UAT User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1

Print Report Print View

Client Admission for Example, Manual

Legal History

Legal Status	Selected Legal Status
None/No Involvement	
No Response	
Commitment	
Court order for observation and evaluation	

of Arrests in Lifetime

of Arrests in Past 12 Months

of Arrests in Past 30 Days

OWI in the last 12 months

Non-drug or alcohol-related crime while under the influence in the last 12 months

Non-drug or alcohol-related crime while not under the influence in the last 12 months

Drug or alcohol-related crime in the last 12 months

Cancel Save Finish Previous Next

Admission

ASAM

29. **ASAM:** Select the appropriate level of care for each ASAM dimension and provide necessary comments for your selection. If the **Recommended Level of Care** and the **Assigned Level of Care** do not match, select the appropriate option from the **Clinical Override** drop down and if necessary provide any additional explanation in the comments box.
- If you are completing a **Crisis** contact or **Placement Screening**, neither **Actual Environment** nor **Clinical Override** will not be required.
30. Click **Next** to proceed to **Diagnosis**.

I-SMART-UAT User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058797 | Case #: 1

Print Report Print View

ASAM — PPC2R

Dimension	Level of Risk	Level of Care	Comments
1 - Acute Intoxication and/or Withdrawal Potential			
2 - Biomedical Conditions and Complications			
3 - Emotional, Behavioral, or Cognitive Conditions and Complications			
4 - Readiness to Change			
5 - Relapse, Continued Use, or Continued Problem Potential			
6 - Recovery / Living Environment			

Recommended Environment: 20-Intensive outpatient
Actual Environment: 20-Intensive outpatient
Clinical Override: 0-N/A

ASAM Notes

Cancel Save Finish Previous Next

Admission

Client Diagnosis

31. **Select Primary Diagnosis:** If you know the diagnostic code, you can choose the appropriate diagnosis by clicking the drop down field. Then hold down the number of the code to scroll to the proper selection. For example, the client's diagnosis is 303.90. Simply click on the field and hold the 3 key down until the desired selection scrolls into view. Select **Secondary** and **Tertiary** diagnoses in this same manner.
 - **Note:** If a diagnosis was entered in the Crisis or Placement Screening preceding this admission, it will not be brought forward to populate this screen.
32. In this same manner, enter the appropriate **Priority (Primary, Secondary, or Tertiary)** for each diagnosis you enter.
33. To add diagnostic codes to the Axes, click the **Edit Axis Evaluation** hyperlink. This will open the Axis Evaluation screen. You can then choose the appropriate diagnosis to add to the axis. For example, Choosing Alcohol Dependence and clicking the **Add to Axis** hyperlink in the Axis I box adds this diagnosis to Axis I.
34. In this same way, you can continue adding to either Axis I or the other Axes as desired.
35. **Finish** will take you back to the Client Diagnosis screen with diagnoses added to each axis.

I-SMART-UAT - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711059797 | Case #: 1

Print View Logout

Client Diagnosis

Primary: 303.90-Alcohol Dependence(DSM)
Secondary: 300.3-Obsessive-Compulsive Disorder(DSM)
Tertiary:

Axis I	Code	Description	Specifier	Principal	Created/Updated

Axis II	Code	Description	Specifier	Principal	Created/Updated

Axis III	Code	Description	Specifier	Principal	Created/Updated

Axis IV	Code	Description	Specifier	Principal	Created/Updated

Axis V: [Edit Axis Evaluation](#)

Cancel Save Finish Previous

I-SMART-UAT - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711059797 | Case #: 1

Print View Logout

Axis Evaluation

Alcohol Dependence (DSM)
Specifier: Principal Diagnosis: Yes

Axis I	Code	Description	Specifier	Principal	Actions

Axis II [Add to Axis](#)

Axis I	Code	Description	Specifier	Principal	Actions
	303.90	Alcohol Dependence		Yes	Update Delete

Axis II [Add to Axis](#)

Axis II	Code	Description	Specifier	Principal	Actions

Admission

Treatment Team

Please see the Treatment Team Section of this manual for information about how to create and maintain a client's treatment team.

The screenshot shows the I-SMART-UAT interface. At the top, the user is identified as Cleland, Lonnie, located at the Iowa Dept. of Public Health, Test Facility, with client ID 6711058767 and Case # 1. The interface is divided into a left-hand navigation menu and a main content area.

The left-hand menu includes options such as Home Page, Agency, Group List, Client List, Client Profile, Non-Episode Contact, Activity List, Intake, Wait List, Treatment Team, Assessments, Crisis and Placement, Admission, Profile, Financial/Household, Youth, Substance Abuse, Legal, ASAM, Diagnosis, Treatment Team (highlighted), Program Enroll, Notes, Treatment, Outcomes, Discharge, and Follow Up.

The main content area is titled "Treatment Team" and contains a table with the following data:

Team Member Name	Review Member	Role Relation	Start Date	End Date	Actions
Cleland, Lonnie	No	Primary Care Staff	1/4/2007		Review

Below the table is an "Assign Group" section with a form for adding a team member. The form includes fields for Staff Name, Non Staff Name, Role/Relation, Review Member, Primary Care Staff, and Deny Access to Client Records. It also has Start Date and End Date fields, a Notes field with a text area, and an "Add Contact" link. At the bottom right of the form are "Finish" and "Previous" buttons.

Admission

Program Enrollment

This module allows you to record the client's enrollment in and transition through multiple programs within a facility.

36. Click the **Add Enrollment** hyperlink to enroll the client in a new program. You may also use the **Review** hyperlink to change previously entered enrollment information. **Delete** will delete a program enrollment unless it is associated with an completed **Encounter**.
37. Select the appropriate facility which will then populate the appropriate Programs under **Program Name**.
38. Complete all other information as appropriate.
39. Click **Save** to save the data you just entered in the table at the top.
40. Click on **Add Enrollment** each time you want to enroll the client in a new program and follow the above steps.

Note: If a client moves from one program to another, you should unenroll her/him from the first program and then enroll the client in the next. (See next page)

I-SMART-UAT User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058767 | Case #: 1

Print View Logout

Program Name	Start Date	End Date	Facility	Notes	Actions
Extended Outpatient	1/4/2007		Test Facility		Review Delete

Add Enrollment

Facility: [Dropdown]
 Program Name: [Dropdown] [Text]
 Days on Wait List: [Text]
 Currently Enrolled: [Dropdown]
 Start Date: [Text]
 Program Staff: [Dropdown]
 Tx Completed?: [Text] End Date: [Text]
 Reason for Termination: [Text]
 Notes: [Text Area]

Finish Previous Next

I-SMART-UAT User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058767 | Case #: 1

Print View Logout

Program Name	Start Date	End Date	Facility	Notes	Actions
Extended Outpatient	1/4/2007		Test Facility		

Add Enrollment

Facility: [Test Facility]
 Program Name: [Extended Outpatient] [Adult outpatient]
 Days on Wait List: [Text]
 Currently Enrolled: [Yes]
 Start Date: [1/4/2007]
 Program Staff: [Cleland, Lonnie]
 Tx Completed?: [Yes] End Date: [Text]
 Reason for Termination: [Text]
 Notes: [Text Area]

Cancel Save

Admission

Program Enrollment

This module allows you to record the client's enrollment in and transition through multiple programs within a facility.

41. Unenrolling and changing programs : If a client is ending treatment in a program or transferring from one program in one level of care to a different program in either the same or different level of care the process is the same.
42. **Review** will open the Program Enrollment screen for editing.
43. Change **Currently Enrolled** to **No**.
44. Complete the **Tx Completed**, **End Date** and **Reason for Termination** fields. Add Notes if desired.
45. Click **Save** to save the data you just entered in the table at the top. Changing **Currently Enrolled** to **No** will cause an **End Date** to be populated in that field in the **Program Enrollment List**.
46. Click on **Add Enrollment** each time you want to enroll the client in a new program and follow the above steps 36-40.

I-SMART-UAT User: Cleland, Lonnie
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 Client: Example, Manual | 6711959787 | Case #: 1

Print View Logout

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 Admission ▶
 Program Enroll ▼
 Notes ▶
 Treatment ▶
 Outcomes ▶
 Discharge ▶
 Follow Up ▶
 Consent
 Referrals
 Episode List
 System Administration ▶
 My Settings ▶
 Reports

Program Enrollment

Program Name	Start Date	End Date	Facility	Notes	Actions
Extended Outpatient	1/4/2007		Test Facility		

Facility:

Program Name: Adult outpatient

Days on Wait List:

Currently Enrolled:

Start Date:

Program Staff:

Tx Completed?: End Date:

Reason for Termination:

Notes:

Cancel Save

I-SMART-UAT User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 6711959787 | Case #: 1

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Home Page
 Agency ▶
 Group List ▶
 Client List ▼
 Client Profile ▶
 Non-Episode Contact
 Activity List ▼
 Intake
 Wait List
 Treatment Team
 Assessments ▶
 Crisis and Placement ▶
 Admission ▶
 Program Enroll ▼
 Notes ▶
 Treatment ▶
 Outcomes ▶

Program Enrollment

Program Name	Start Date	End Date	Facility	Notes	Actions
Extended Outpatient	1/4/2007	1/10/2007	Test Facility	Transferred to IOP.	Review Delete

[Add Enrollment](#)

Facility:

Program Name:

Days on Wait List:

Currently Enrolled:

I-SMART-UAT User: Cleland, Lonnie
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 Client: Example, Manual | 6711959787 | Case #: 1

Print View Logout

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 Non-Episode Contact
 Activity List ▼
 Intake
 Wait List
 Treatment Team
 Assessments ▶
 Crisis and Placement ▶
 Admission ▶

Program Enrollment

Program Name	Start Date	End Date	Facility	Notes	Actions
Extended Outpatient	1/4/2007	1/10/2007	Test Facility	Transferred to IOP.	Review Delete
Intensive Out Patient	1/10/2007		Test Facility		Review Delete

[Add Enrollment](#)

Facility:

I-SMART Training Manual

This training document focuses on the elements of creating a Treatment Team.

Treatment Team

Treatment Team

August 2008

Treatment

Treatment Team

- Getting here:** Click on either the main menu item **Tx Team** or in **Admission/Treatment Team**. This screen allows you to record all the members of the treatment team. The treatment team may be composed of staff and non-staff persons.
Note: If you entered this information in the Admission module it will pre-populate here.
- When you enter this screen, the lower half is grayed-out. Click on the link for **Add Team Member** to add one treatment team member at a time.
- Select either a **Staff** or **Non-staff Name**, their **Role/Relation**, and **Start Date**.
- Review Member:** Indicates whether the team member is a member of the **Treatment Review** team. Any member of the **Treatment Review** team will have a signature line on the client's **Treatment Plan**.
- Select Yes or No for the **Primary Care Staff** field to indicate if the person you are adding to the team is the client's primary staff member. Each client can have only one **Primary Care Staff**.
Note: Selecting staff as **Primary Care Staff** allows the user to search for clients for whom a specific counselor is **Primary Care Staff** by using the search function on the **Client Search** screen.
- Select Yes or No for the **Deny Access to Client Records**. You should usually select No so that this member of the treatment team will be able to view the client's record.
- Use the **Add Team Member** hyperlink to add additional members.

The screenshot shows the I-SMART-UAT interface. The top navigation bar includes the user name 'Cleland, Lonnie', location 'Iowa Dept. of Public Health, Test Facility', and client information 'Example, Manual | 6711058767 | Case #: 1'. The left sidebar contains a menu with 'Treatment Team' highlighted. The main content area displays a table with columns: Team Member Name, Review Member, Role/Relation, Start Date, End Date, and Actions. Below the table is the 'Assign Group' form, which is currently empty and grayed out. The 'Add Team Member' link is visible in the top right corner of the form area.

This screenshot shows the 'Add Team Member' form with the following data entered: Staff Name: Benny, Jenny; Non Staff Name: (empty); Role/Relation: Case Manager; Review Member: Yes; Primary Care Staff: No; Deny Access to Client Records: No; Start Date: 8/11/2007; End Date: (empty); Notes: (empty). The 'Add Contact' link is visible. The 'Cancel', 'Save', and 'Finish' buttons are at the bottom of the form.

Treatment

Treatment Team

8. **Note:** The drop-down list for non-staff member comes from the contact list setup in the Client Profile. If you do not see the name of the person you are trying to add to the team, you need to first add that person to **Collateral Contacts**.
9. Click on the link for **Add Contacts** which will take you to the **Collateral Contacts** screen. You can add the details there, save, and then come back here to add the person to the team.
10. To add a group of people to a client's treatment team at one time, click the **Assign Group** hyperlink. The groups were created in the Agency module.
11. Click the desired group from the **Available Groups** list and click the right pointing arrow to select the group. Then click **Assign**, this will add all of the individuals from the group to the **Treatment Team**.
12. Click **Finish** to return to the **Activity List** Screen.

I-SMART-UAT User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 6711058787 | Case # 1

Print View Logout

Treatment Team

Team Member Name	Review Member	Role/Relation	Start Date	End Date	Actions
Cleland, Lonnie	No	Primary Care Staff	1/4/2007		Review
Benny, Jenny	Yes	Case Manager	9/11/2007		Review

Assign Group [Add Team Member](#)

Staff Name: Start Date: 9/11/2007 End Date:

Non Staff Name: Notes:

Role/Relation:

Review Member: No

Primary Care Staff: No

Deny Access to Client Records: No

[Cancel](#) [Save](#) [Finish](#)

I-SMART-UAT User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
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Print View Logout

Select Groups to Add to Treatment Team

Available Groups: Family Therapy Group, xyz

Selected Groups:

[Cancel](#) [Assign](#)

I-SMART-UAT User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
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Print View Logout

Treatment Team

Team Member Name	Review Member	Role/Relation	Start Date	End Date	Actions
Cleland, Lonnie	No	Primary Care Staff	1/4/2007		Review
Benny, Jenny	Yes	Case Manager	9/11/2007		Review
Mertz, Jason	Yes	Case Manager	9/11/2007		Review

Assign Group [Add Team Member](#)

Staff Name: Start Date: End Date:

Non Staff Name: Notes:

Role/Relation:

Review Member:

Primary Care Staff:

Deny Access to Client Records:

[Finish](#) [Previous](#)

I-SMART Training Manual

This training document focuses on the elements of client treatment.

Treatment

Treatment Plan
Treatment Review
Medications

August 2008

Treatment

Treatment Plan

The Tx Plan is the document detailing the client's agreement with the counselor and/or treatment team as to client problems and their rank, goals agreed upon, and the treatment process and resources to be utilized while the client is in treatment.

1. **Getting here:** Click on the main menu item **Treatment** which expands to multiple menu items, one of which is **Tx Plan**.
2. **Treatment Plan List:** This screen lists all active treatment plans for the active case. There can be only one active treatment plan at a time.
3. If no treatment plan exists, click on **Add New Treatment Plan Record** to create a new treatment plan. This will take you to the **Treatment Plan Profile Screen**.
4. An existing **Treatment Plan** can be reviewed by clicking the **Review** hyperlink in the **Actions** column of the **Treatment Plan List**.

Note: Once a treatment plan is completed and signed by the counselor/treatment team and client it cannot be changed in its original version. Any modifications can be made by creating a new version of the treatment plan. A new version creates a copy of the original plan only with a new version number. This new version can be modified until it is **Signed Off** by the client and treatment team. A **Tx Review** can also be conducted to review and update the **Tx Plan**. This also will create a new version of the **Tx Plan**.

Plan Name	Status	#	Version	Start Date	End Date	Actions
First Plan	Inactive - Old Version	1	1	1/3/2006	8/22/2007	Review
First Plan	Active - Signed Off	1	2	1/22/2006		Review

Treatment

Treatment Plan - Profile

- Treatment Plan Profile:** This screen provides the basic information about the plan. The shaded area is read only information which is either carried forward from earlier modules or is created by the system.
- Plan name:** This is the name by which a plan is commonly known within an agency. Examples include Individual Program Plan (IPP), Individual Education Plan (IEP), etc.
- Plan Status:** When the status of the plan is Active – Signed Off or Inactive, it will not allow any updates. Updates can be made only to plans that are in ‘Active – Not Signed Off’ status.
- Create New Version** link allows you to create a new version which is a copy of the current plan so that you can modify it. Please use this only when you have a current active signed off plan or an inactive plan and need to make modifications to it.
- If you click on the **Create New Version** link, it will bring up a confirmation screen asking you if you really want to create a new treatment plan. Click **Yes** if you want to make the current plan inactive and create a new version.

http://ia-qa.witsweb.org - I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
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September 2007 Ver 1

Treatment Plan Profile for Example, Manual

Status Date: 9/20/2007
 Plan Number: 1
 Created By: Cleland, Lonnie
 Created Date: 9/20/2007 10:40 AM
 Plan Name: Third Plan
 Plan Period (Days):
 Plan Status: Active - Not Signed Off

Last Review Date:
 Plan Version: 3
 Updated By: Cleland, Lonnie
 Last Updated Date: 9/20/2007 10:40 AM
 Plan Start Date: 9/20/2007
 Plan End Date:
 Next Review Date: 1/27/2006
 Client Participated in Tx Plan Development:

Administrative Actions:
 Create New Version Sign Off Perform Review

Treatment Team

Team Member Name	Review Member	Role	Start Date	End Date
Chapin, Dave	No	Counselor	1/22/2006	1/23/2006
Cleland, Lonnie	Yes	Case Manager	1/22/2006	

Cancel Save Finish Next

http://ia-qa.witsweb.org - I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
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Are you sure you want to start a new treatment plan? Doing so will cause the current one to become inactive, and you won't be able to undo this action.

Yes No

Treatment

Treatment Plan - Treatment Plan Profile

10. **Sign Off** link: When you click on this link it changes the status of the plan from 'Active Not Signed Off' to 'Active Signed Off' and you can no longer make any modifications to the plan.
11. A confirmation screen comes up asking if you really want to sign off on the plan. It also reminds you that you should get approval of the plan from both the client and all treatment team members. The paper version of the **Tx Plan** will have signature lines available for the client and any staff set up as Review Members in the **Treatment Team** module for this client.
12. Click **Yes** and it will bring you back to the plan with the status changed to 'Active Signed Off'.
13. The **Treatment Team** section comes pre-populated.

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User: Cleland, Lonnie
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September 2007 Ver 1

Treatment Plan Profile for Example, Manual

Status Date: 9/20/2007 Last Review Date:
 Plan Number: 1 Plan Version: 3
 Created By: Cleland, Lonnie Updated By: Cleland, Lonnie
 Created Date: 9/20/2007 10:40 AM Last Updated Date: 9/20/2007 10:45 AM

Plan Name: Third Plan Plan Start Date: 1/27/2006
 Plan Period (Days): Plan End Date:
 Plan Status: Active - Not Signed Off Next Review Date: 1/27/2006
 Client Participated in Tx Plan Development: [Dropdown]

Administrative Actions

Create New Version [Sign Off](#) Perform Review

Treatment Team

Team Member Name	Review Member	Role	Start Date	End Date
Chapin, Dave	No	Counselor	1/22/2006	1/23/2006
Cleland, Lonnie	Yes	Case Manager	1/22/2006	

Buttons: Cancel Save Finish Next

http://ia-qa.witsweb.org - I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

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Click Yes only if appropriate treatment team members have approved the treatment plan. Once you click Yes, this plan becomes the active treatment plan.

Buttons: Yes No

Treatment

Treatment Plan - Overview

- 14. This screen allows you to document additional background information.
- 15. **Presenting Problems:** This is pre-populated based on **Presenting Problems** documented at **Intake**.
- 16. All the other fields are free text boxes which allow you to type unlimited information.

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Diagnosics Print Report Print View Logout

Home Page
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Program Enroll ▶
Notes ▶
Treatment ▶
Outcomes ▶
Discharge ▶
Follow Up ▶
Consent
Referrals
Episode List
System Administration ▶
My Settings ▶
Reports

Intake Case Information

Intake Facility: Test Facility
Intake Staff: Cleland, Lonnie
Initial Contact: By Appointment
County of Res.: 13-Calhoun
Source of Referral: 29-OWM
Referral Contact: [Add Referral Contact Info](#)

Case # 1
Case Status: Open Active
Date of First Contact: 1/1/2006
Intake Date: 1/1/2006
Pregnant No:
Due Date:
HIV Positive:
Past IV Drug Use: No

Presenting Problem (In Client's Own Words):
I got arrested for OMI.

Special Initiative Selected: None

Inter-Agency Service Selected:

Inter-Agency Service:
Court/Legal Interface
Developmental Disabilities
DHS
Domestic Violence

Date Closed: [Save & Close Case](#)

http://ia-qa.witsweb.org - I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

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Diagnosics Print Report Print View Logout

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Crisis and Placement ▶
Admission ▶
Program Enroll ▶
Notes ▶
Treatment ▼
Tx Plan ▼
Profile
Overview
Diagnosis
Problems/Goals
Planned Services
Plan Outline
Tx Review ▶
Medications
Outcomes ▶
Discharge ▶

Treatment Plan for Example, Manual Overview

Assessments Reviewed:

Presenting Problem (In Client's Own Words):
I got arrested for OMI.

Strengths/Resources/Abilities/Interests/Barriers to Success:

Transfer/Discharge Criteria:

Client Comments Regarding Treatment Goals:

Clinician Comments/Recommendations:

Treatment

Treatment Plan - Diagnoses

17. This screen displays the diagnoses that were documented in the **Admission** module.
18. **Select Primary Diagnosis:** If you know the diagnostic code, you can choose the appropriate diagnosis by clicking the drop down field. Then hold down the number of the code to scroll to the proper selection. For example, the client's diagnosis is 303.90. Simply click on the field and hold the 3 key down until the desired selection scrolls into view. Select **Secondary** and **Tertiary** diagnoses in this same manner.
Note: If a diagnosis was entered in the **Crisis** or **Placement Screening** preceding this admission, it will not be brought forward to populate this screen.
19. To add diagnostic codes to the Axes, click the **Edit Axis Evaluation** hyperlink. This will open the Axis Evaluation screen. You can then choose the appropriate diagnosis to add to the axis. For example, Choosing Alcohol Dependence and clicking the **Add to Axis** hyperlink in the Axis I box adds this diagnosis to Axis I.
20. In this same way, you can continue adding to either Axis I or the other Axes as desired.
21. **Finish** will take you back to the Client Diagnosis screen with diagnoses added to each axis.

Treatment

Treatment Plan – Problem/Goal List

22. This is the first screen in a series of screens to document problems, goals, and objectives.
23. Click on [Add New Treatment Plan Problem / Goal Record](#) to add a new problem and goal.
24. All the problems and goals written in the treatment plan are listed here.
25. Click on [Review](#) if you want to review the details or revise the problems or goals.

The screenshot shows the I-SMART web application interface. The browser address bar displays 'http://ia-qa.witsweb.org - I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health'. The user is identified as 'Cleland, Lonnie' at the 'Iowa Dept. of Public Health, Test Facility' for 'Client: Example, Manual | 6711058787 | Case #: 1'. The date is 'September 2007 Ver 1'. The main content area is titled 'Treatment Plan Problem/Goal' and includes a link to 'Add New Treatment Plan Problem/Goal Record'. A table lists the following data:

#	Category	Problem	Goal	Status	Actions
1	ASAM 4 - Readiness to change	Client is ambivalent about the need for change.:	Resolve ambivalence toward the need for change.:	In Treatment	Review

Navigation buttons for 'Previous' and 'Next' are visible at the bottom right of the table area. A sidebar on the left contains a menu with options such as 'Home Page', 'Agency', 'Group List', 'Client List', 'Client Profile', 'Non-Episode Contact', 'Activity List', 'Intake', 'Wait List', 'Treatment Team', 'Assessments', 'Crisis and Placement', 'Admission', 'Program Enroll', 'Notes', 'Treatment', 'Tx Plan', 'Profile', 'Overview', 'Diagnosis', 'Problems/Goals', and 'Planned Services'.

Treatment

Treatment Plan – Problem / Goal Profile

26. The **Problem #** is created by the system.
27. The **Problem Date** is the date the problem is written. This defaults to the current date however can be changed if needed.
28. **Program Name:** Select the program under which the specific goal is being written. This list will consist of all the programs that are setup under your facility.
29. **Problem Category:** Once you select a problem category, the relevant problem, strength/resources, goals, and objectives, will become available in the drop-down boxes.
30. **Note:** You need to select items from the drop-down boxes for problem, strength/resources, goals, and objectives. In addition, you can write client unique statements in the **Comments** box attached to each of these fields.
31. **Note:** You can add only one goal under one problem. To write additional goals, you would need to click on [Add New Treatment Plan Problem / Goal Record](#) on the previous screen.
32. Click on **Save** to save the data entered so far.
33. Click [Add Objectives](#) to document objectives under this problem/goal. It will take you to the next screen.

http://ia-qa.witsweb.org - I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

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I-SMART

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 Treatment Team
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Problems/Goals
 Planned Services:
 Plan Outline
 Tx Review ▶
 Medications
 Outcomes ▶
 Discharge ▶

Problem/Goal Profile for Example, Manual

Problem# 2 Problem Date 9/20/2007

Program Name: 19-Extended Outpatient : 1/3/2006 - Problem/Goal Status In Treatment

Problem Category: ASAM 3 - Emotional, Behavioral, or cognitive conditions and complications

Problem: Ongoing pattern of violating the rights of others.

Comments

Strengths/Resources: Client demonstrates adequate impulse control and coping skills.

Comments

Goal: Demonstrate pro-social behaviors.

Comments

Projected Achievement Date Actual Achievement Date Deferred Date

Cancel Save Finish

Objective List [Add Objective](#)

#	Description	Status	Actions

Treatment

Treatment Plan – Objectives

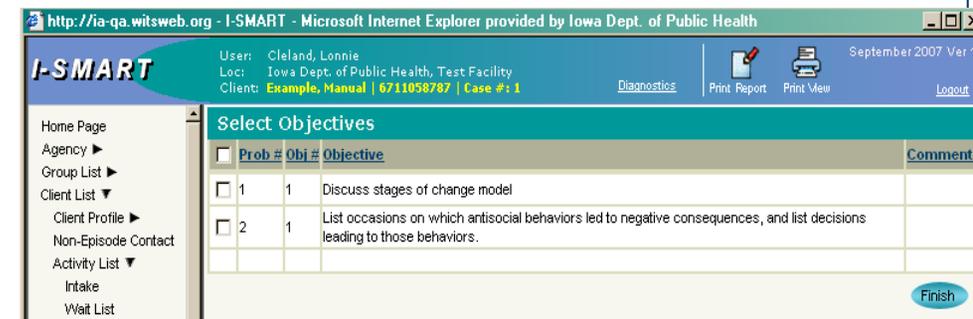
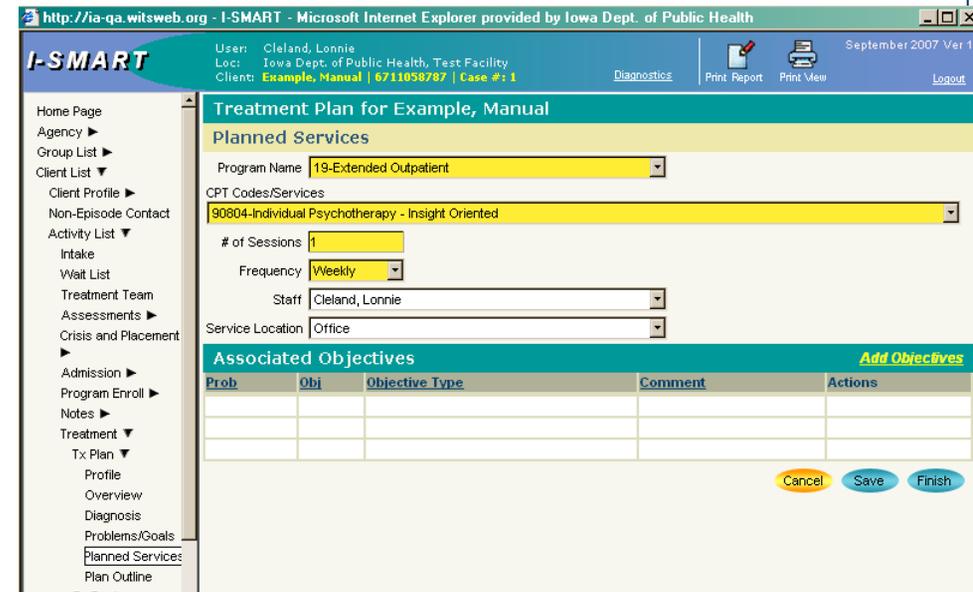
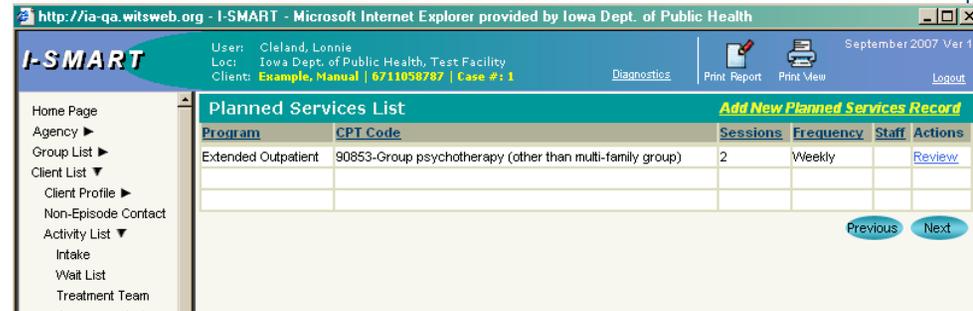
34. The top part of this screen is shaded and read-only. It consists of information that was entered in the earlier parts of the treatment plan.
35. **Objective #** is created by the system.
36. Select the appropriate option from the drop-down for **Objective** and add other details in the **Comments** box if desired.
37. **Objective Status** is required. **Expected Achieve Date** and **Resolution Date** provide information on the status of the objectives.
38. Click on **Save** to save the data entered so far. Clicking on **Finish** will take you to the previous screen where you can click on **Add Objectives** to document more objectives for the same goal.
39. Clicking **Finish** on the **Problem/Goal Profile** screen will take you back to the **Treatment Plan Problem/Goal List** screen.

#	Description	Status	Actions
1	List occasions on which antisocial behaviors led to negative consequences, and list decisions leading to those behaviors.:	In Progress	Review Delete

Treatment

Treatment Plan – Planned Services

40. On the **Treatment Plan Problem/Goal** screen click **Next**. **Planned Services** are specific services that are planned for the client. Examples would be individual counseling sessions, group therapy, etc.
41. Each planned service needs to be documented individually.
42. To document a planned service, click on **Add New Planned Services Record** which will take you to the next screen.
43. Select the appropriate options from the various drop-down boxes.
44. Type in the number of sessions planned. This goes hand in hand with the frequency. For example, 1 in the **# of Sessions** box and weekly in **Frequency** means the client will receive the planned service once a week.
45. **Objectives** from the treatment plan may be associated with the planned service to indicate what objectives will be addressed by this particular service. All the objectives written in the treatment plan will be listed here. To select the relevant objectives, highlight them by clicking on them in the left box and then click on the right pointing arrow in the middle. The selected objectives will move to the right box.
46. Clicking on **Finish** will not only save the data but also list this planned service on the previous screen for planned services list. You can add as many services as needed.



Treatment

Treatment Plan – Plan Outline

47. Next on the **Planned Services** screen will take you to the **Treatment Plan Outline** screen. This screen provides an outline view of the **Tx Plan**. You can make changes to the various items of the treatment plan by clicking on the hyperlinks next to the item.
48. For example to add an objective click the **Add Objective** hyperlink next to the appropriate **Problem/Goal**. This will take you to the Objective screen in the **Tx plan**. Once you have added the objective information click **Finish** and you will be returned to the **Plan Outline** screen. The new objective will appear on the outline screen as well as in the **TX Plan Problem/Goal** screen.
49. Click on **Finish** when you are done reviewing or adding to the **Tx Plan** using the outline screen. **Finish** will return you to the client's **Activity List**. You will notice that the new treatment plan will have been added to the list.

Program	CPT Code	Sessions	Frequency	Staff	Actions
Extended Outpatient: 90853-Group psychotherapy (other than multi-family group)		2	Weekly		Review
Extended Outpatient: 90804-Individual Psychotherapy - Insight Oriented		1	Weekly	Cleland, Lonnie	Review

Treatment Plan ([Review](#) | [Add Problem/Goal](#))
Treatment Plan: Third Plan Version #: 3
Start Date: 1/27/2006 End Date:

Problem/Goal 1 ([Review](#) | [Delete](#) | [Add Objective](#))
Problem Type: Client is ambivalent about the need for change. Goal Type: Resolve ambivalence toward the need for change.
0 0
Strength Type: Client is willing to enter treatment. () Problem Status: In Treatment

Objective 1.1 ([Review](#) | [Delete](#))
Objective Type: Discuss stages of change model () Objective Status: In Progress

Problem/Goal 2 ([Review](#) | [Delete](#) | [Add Objective](#))
Problem Type: Ongoing pattern of violating the rights of others. () Goal Type: Demonstrate pro-social behaviors.
0 0
Strength Type: Client demonstrates adequate impulse control and coping skills. Problem Status: In Treatment

Objective 2.1 ([Review](#) | [Delete](#))
Objective Type: List occasions on which antisocial behaviors led to negative consequences, and list decisions leading to those behaviors. () Objective Status: In Progress

Treatment

Treatment Review

Treatment Reviews are administrative actions in which clinicians can document reviews of clients' treatment process. This is not necessarily a Tx Plan review, but can be. The Tx Review is designed to allow a treatment team to review the client file and recommend and document changes to the Tx Plan. The client can, but may not, be included in this review process.

50. **Getting here:** Click on the main menu item **Treatment** which expands to multiple menu items, one of which is **Tx Review**.
51. **Treatment Review List:** This screen lists all treatment reviews for the active case.
52. To enter a new review click on **Add New Treatment Review Record**.
53. Any previously entered **Treatment Reviews** can be reviewed by clicking the **Review** hyperlink in the **Actions** column of the **Treatment Review List**.
54. You can also start a new **Treatment Review** by clicking the **Perform Review** hyperlink on the **Treatment Plan Profile** screen of a active and signed off treatment plan.

Treatment Review List - Microsoft Internet Explorer

User: Kelly2, Maureen
Loc: Westat Testing Agency, Westat Outpatient Facility
Client: **Jetson, Jane** | Case #: 1

Print Report Print View Help Logout

I-SMART

Home Page
Agency
Client List
Client Profile
Non-Episode Contact
Activity List
Intake
Wait List
Tx Team
Assessments
Admission
Notes
Treatment
Tx Plan
Tx Review
Profile
ASAM
Comments
Review Team
Plan Outline
Medications
Outcomes
Discharge
Consent
Referrals
Episode List

Message: New treatment reviews cannot be created because there is an active treatment review (has modified treatment plan, review status not cancelled).

Treatment Review List [Add New Treatment Review Record](#)

Review Date	Plan Name	Review Period Start	Review Period End	Status	Actions
11/19/2004	Test	8/12/2004	11/19/2004	Completed(Changes Applied)	Review
12/9/2004	Test	11/19/2004	12/9/2004	Completed(Changes Applied)	Review
12/30/2004	Test	12/9/2004	12/30/2004	Completed(Changes Applied)	Review
1/11/2005	Test	12/30/2004	1/11/2005	Completed(Changes Applied)	Review
3/8/2005	Test	1/11/2005	3/8/2005	Completed(Changes Applied)	Review
3/8/2005	Test	3/8/2005	3/8/2005	Cancelled	Review
3/15/2005	Test	3/8/2005	3/15/2005	Cancelled	Review
3/29/2005	Test	3/8/2005	3/29/2005	Completed(Changes Applied)	Review
4/4/2005	Test	3/29/2005	4/4/2005	Pending	Review

I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: **Example, Manual** | 6711058787 | Case #: 1

Diagnosics Print Report Print View Logout

I-SMART

Home Page
Agency
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Activity List
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Wait List
Treatment Team
Assessments
Crisis and Placement
Admission
Program Enroll
Notes
Treatment
Tx Plan
Profile
Overview
Diagnosis
Problems/Goals
Planned Services
Plan Outline
Tx Review
Medications
Outcomes
Discharge

Treatment Plan Profile for Example, Manual

Status Date: 9/20/2007 Last Review Date:
Plan Number: 1 Plan Version: 3
Created By: Cleland, Lonnie Updated By: Cleland, Lonnie
Created Date: 9/20/2007 10:40 AM Last Updated Date: 9/20/2007 3:34 PM

Plan Name: Third Plan Plan Start Date: 1/27/2006
Plan Period (Days): Plan End Date:
Plan Status: Active - Signed Off Next Review Date: 2/27/2006
Client Participated in Tx Plan Development

Administrative Actions
[Create New Version](#) Sign Off [Perform Review](#)

Treatment Team

Team Member Name	Review Member	Role	Start Date	End Date
Chapin, Dave	No	Counselor	1/22/2006	1/23/2006
Cleland, Lonnie	Yes	Case Manager	1/22/2006	

Finish Next

Treatment

Treatment Review

55. **Identifying Info:** The Tx Review's first screen includes basic Identifying Info, Review Period information, Review Status and space to update the documents used to supplement the review, if any.
56. **Actions:** The clinician can **Cancel the Review**, **Complete, No changes to Tx Plan**, and/or **Apply Changes**.
 - **Cancel the Review:** cancels the review with no changes to any portion of the client file.
 - **Complete, No changes to Tx Plan:** Allows the user to add comments and documentation to the client file concerning the **Tx Review** without changing any portion of the **Tx Plan**.
 - **Apply Changes:** Choosing this when the **Tx Review** is completed will update the client's **Tx Plan** with any new **Problems, Goals, Objectives** or **Comments** chosen by the clinician.
 - **Note:** The client's **Tx Plan** is not active until the client and clinician have agreed upon the new plan.
57. Click **Next**.
58. **ASAM:** This screen will populate with information from the latest **ASAM** for the client. This will either be **Admission** or a previous **Treatment Review**. This information can be updated as needed.
59. **Next** will open the **Comments** screen.

I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 6711058787 | Case #: 1

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Treatment Review for Example, Manual

Identifying Info

Client Name: Example, Manual
 DOB: 11/5/1967

Review Period From: 1/27/2007 to 2/27/2007
 Date of Review: 2/27/2007
 Review Status: Pending

Updated Info

Documents Reviewed (Include dates of documents):

Assessments Conducted During This Review Period:

Actions
[Cancel Review](#) | [Apply Changes](#) | [Complete, No changes to Tx Plan](#)

Buttons: Cancel Save Finish Next

I-SMART

User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 6711058787 | Case #: 1

September 2007 Ver 1

Treatment Review for Example, Manual

ASAM — PPC2R

Dimension	Level of Risk	Level of Care	Comments
1 - Acute Intoxication and/or Withdrawal Potential	[Dropdown]	[Dropdown]	[Text Area]
2 - Biomedical Conditions and Complications	[Dropdown]	[Dropdown]	[Text Area]
3 - Emotional, Behavioral, or Cognitive Conditions and Complications	[Dropdown]	[Dropdown]	[Text Area]
4 - Readiness to Change	[Dropdown]	[Dropdown]	[Text Area]
5 - Relapse, Continued Use, or Continued Problem Potential	[Dropdown]	[Dropdown]	[Text Area]
6 - Recovery / Living Environment	[Dropdown]	[Dropdown]	[Text Area]

Recommended Environment: 19-Extended outpatient
 Actual Environment: 19-Extended outpatient

Clinical Override: D-N/A

Comments:

Buttons: Cancel Save Finish Previous Next

Treatment

Treatment Review

60. **Recommendations and Changes:** Select the response from the drop down for the questions highlighted in yellow. Enter text in the text boxes for the other items. Any information entered on the previous **Tx Plan** for **Strengths/Resources** will be pulled forward by the system to this screen. It can be changed if desired.

61. Click **Next**.

62. **Available Treatment Team Members:** This list will display all members of a client's treatment team that are indicated as review members.

63. To add a member of the team to this **Treatment Review Team** check the box next to the team member's name and click the **Add to Review Team** hyperlink.

The screenshot shows the 'Recommendations and Changes' section of the I-SMART web application. The page title is 'Treatment Review for Example, Manual'. The left sidebar contains a navigation menu with 'Comments' selected. The main content area has several yellow-highlighted sections with dropdown menus:

- Was the client involved in the review process:** Yes
- New Problems identified to be added to treatment plan:** No
- Discharge Criteria:** (Text input field)
- Strengths/Resources/Abilities/Interests/Barriers to Success:** (Text input field)
- Progress Towards Goals/Accomplishments:** (Text input field)
- Family/Recipient Written Comment Regarding Their Satisfaction With Treatment, Planning, Services, and Progress:** (Text input field)
- Changes to Client's Diagnosis (Reference the documents the change is based on):** (Text input field)
- Need For Further Treatment:** (Text input field)
- Was plan reviewed for least restrictive setting:** Yes
- Was plan reviewed to make sure that services recommended are appropriate to client's strengths and need:** Yes

At the bottom right, there are buttons for 'Cancel', 'Save', 'Finish', 'Previous', and 'Next'.

The screenshot shows the 'Identifying Info' and 'Available Treatment Team Members' sections of the I-SMART web application. The page title is 'Treatment Review for Example, Manual'. The left sidebar contains a navigation menu with 'Review Team' selected. The main content area has several yellow-highlighted sections:

- Identifying Info:** Client Name: Example, Manual; DOB: 11/5/1967
- Available Treatment Team Members:** A table with columns: Team Member Name, Role, Start Date, End Date. One row is checked: Cleland, Lonnie, Case Manager, 1/22/2006. A link 'Add to Review Team' is present.
- Treatment Review Team:** A table with columns: Team Member Name, Role, Approved?, Approved Date, Sign-off, Actions.

At the bottom right, there are buttons for 'Cancel', 'Save', 'Finish', 'Previous', and 'Next'.

Treatment

Treatment Review

64. The selected team members will appear in the **Treatment Review Team** list at the bottom of the screen.
65. To remove a **Team Member** click the **Delete** hyperlink under **Actions**. This will not remove the team member from the Treatment Team only from this Review Team.
66. To indicate that the team member has signed off on the current treatment review click the **Sign-off** hyperlink under **Sign-off**.
67. Click **Save** to save this information and then click **Next**.

I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1

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Diagnosics Print Report Print View Logout

Treatment Review for Example, Manual

Identifying Info

Client Name: Example, Manual
DOB: 11/5/1967

Available Treatment Team Members [Add to Review Team](#)

Team Member Name	Role	Start Date	End Date

Treatment Review Team

Team Member Name	Role	Approved?	Approved Date	Sign-off	Actions
Cleland, Lonnie	Case Manager	No		Sign-off	Delete

Cancel Save Finish Previous Next

Treatment

Treatment Review – Plan Outline

68. This screen shows the active signed off Treatment Plan in an outline format and allows changes to be made.
69. To make modifications to the Treatment Plan click the **Comment/Modify Plan** hyperlink under **Outline Actions**.
70. You will receive a message asking if you are sure you want to modify the Treatment Plan. If you want to make any comments or changes click **Yes**. If not, click **No**. Both will return you to the Outline screen. If you clicked **Yes** you will see hyperlinks next to each item allowing you to add **Comments**, **Modify** the item, **Delete** or **Add** items to the treatment plan. If you clicked **No**, the screen will remain the same as above.

Treatment Review for Jetson, Jane

User: Kelly2, Maureen
Loc: Westat Testing Agency, Westat Outpatient Facility
Client: **Jetson, Jane | Case #: 1**

Print Report Print View Help Logout

Home Page Agency Client List Client Profile Non-Episode Contact Activity List Intake Wait List Tx: Team Assessments Admission Notes Treatment Tx Plan Tx Review Profile ASAM Comments Review Team **Plan Outline** Medications Outcomes Discharge Consent Referrals Episode List

Plan Outline Finish Previous

Outline Actions
[Comment/Modify Plan](#)

How to read outline

- Item has been modified.
- Item added as part of review.
- Review comments added to item.
- Item has review comments only.
- Item deleted as part of review.

Treatment Plan
Treatment Plan: Test Version #: 9
Start Date: 4/4/2005 End Date:

Problem/Goal 1
Problem Type: High Risk Behavior (Client has received a DWM.) Goal Type: Attend Meetings and Gain Fellowship in the Recovery Movement (Client will abstain from drinking.)
Strength Type: Other. See Comments (Client has realized seriousness of what could have happened when driving while intoxicated.) Problem Status: In Treatment

Objective 1.1
Objective Type: Become a Fully Participating Member of the Treatment Community by Attending Therapy Groups Daily (Client will list at least 2 other sources of support.) Objective Status: In Progress

Intervention 1.1.1
Intervention Type: Attend & Fully Participate in Groups During a Week (Therapist will help client decide upon 2 other sources of support.) Intervention Status: In Progress

Objective 1.2
Objective Type: Verify Abstinence by Attending UMP Twice Weekly for the Next 3 Months (Client will be on time for the group.) Objective Status: In Progress

Confirm

User: Kelly2, Maureen
Loc: Westat Testing Agency, Westat Outpatient Facility
Client: **Jetson, Jane | Case #: 1**

Print Report Print View Help Logout

Home Page Agency Client List Client Profile Non-Episode Contact

Are you sure you want to modify this treatment plan?

Yes No

Treatment Plan (Modify | Add Problem/Goal)

Treatment Plan: Third Plan Version #: 3
Start Date: 9/25/2007 End Date:

Problem/Goal 1 (Comments | Modify | Delete | Add Objective)
Problem Type: Client is ambivalent about the need for change. Goal Type: Resolve ambivalence toward the need for change.
Strength Type: Client is willing to enter treatment. Problem Status: In Treatment

Objective 1.1 (Comments | Modify | Delete)
Objective Type: Discuss stages of change model Objective Status: In Progress

Problem/Goal 2 (Comments | Modify | Delete | Add Objective)
Problem Type: Ongoing pattern of violating the rights of others. Goal Type: Demonstrate pro-social behaviors.
Strength Type: Client demonstrates adequate impulse control and coping skills. Problem Status: In Treatment

Objective 2.1 (Comments | Modify | Delete)
Objective Type: List occasions on which antisocial behaviors led to negative consequences, and list decisions leading to those behaviors. Objective Status: In Progress

Treatment

Treatment Review – Plan Outline

71. To add a **Problem, Goal or Objective** to the Treatment Plan click the **Add Problem/Goal** or **Add Objective** hyperlink. This will take you to the appropriate screen of the **Treatment Plan**. Enter the appropriate information and click **Finish**. This will take you back to the **Outline** screen and you will see the **Problem, Goal or Objective** you added highlighted in green text.

The screenshot displays the I-SMART web application interface. At the top, the title is "Treatment Review for Example, Manual". Below this is the "Plan Outline" section, which includes "Outline Actions" (Comment/Modify Plan) and "How to read outline" instructions: "Item has been modified.", "Item added as part of review.", "Review comments added to item", "Item has review comments only.", and "Item deleted as part of review:". A red box highlights the "Add Problem/Goal" link in the "Treatment Plan (Modify | Add Problem/Goal)" section. Below this, the "Problem/Goal Profile for Example, Manual" screen is shown, with fields for Problem# (3), Program Name (19-Extended Outpatient: 1/3/2006 -), Problem Category (ASAM 6 - Recovery/Living environment), Problem (Strained relationships with family and/or significant others.), Strengths/Resources (Client has relationship with the recovering community.), and Goal (Improve communication with family and/or significant others.). A red arrow points from the "Add Problem/Goal" link to the "Problem/Goal 3" section in the bottom screenshot.

Problem/Goal 2 (Comments | Modify | Delete | Add Objective)

Problem Type: Ongoing pattern of violating the rights of others. () Goal Type: Demonstrate pro-social behaviors. ()
Strength Type: Client demonstrates adequate impulse control and coping skills. () Problem Status: In Treatment

Objective 2.1 (Comments | Modify | Delete)

Objective Type: List occasions on which antisocial behaviors led to negative consequences, and list decisions leading to those behaviors. () Objective Status: In Progress

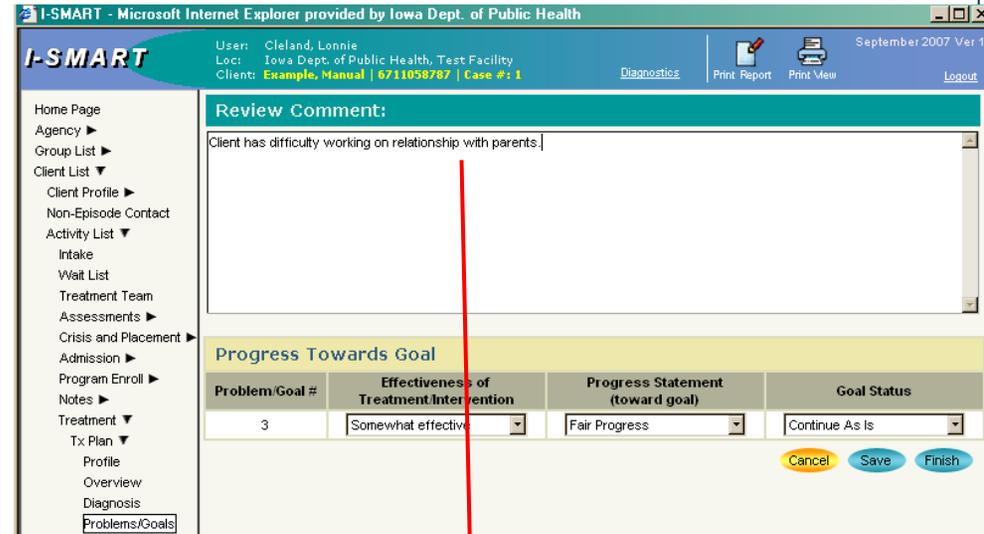
Problem/Goal 3 (Comments | Modify | Add Objective | Undo Add)

Problem Type: Strained relationships with family and/or significant others. () Goal Type: Improve communication with family and/or significant others. ()
Strength Type: Client has relationship with the recovering community. () Problem Status: In Treatment

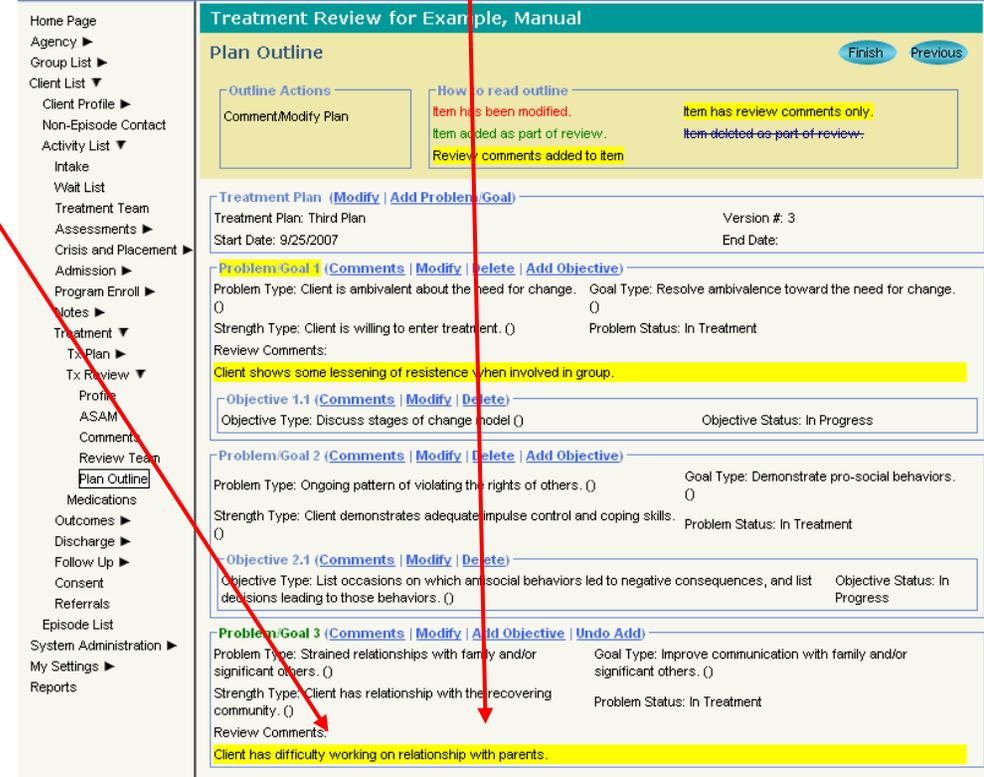
Treatment

Treatment Review – Plan Outline

- To add comments to an item in the Treatment Plan click the **Comments** hyperlink next to the appropriate item. This will take you to the Review Comments screen.
- Enter your comments and click **Finish**. This will take you back to the **Outline** screen and you will see the comments you added highlighted in yellow. These comments are for the review and will not appear in the treatment plan.



The screenshot shows the 'Review Comment' screen in the I-SMART application. At the top, the user is identified as Cleland, Lonnie, and the client as Example, Manual. The main area contains a text box with the comment: 'Client has difficulty working on relationship with parents.' Below this is a 'Progress Towards Goal' table with columns for Problem/Goal #, Effectiveness of Treatment Intervention, Progress Statement (toward goal), and Goal Status. The table shows a single entry for Problem/Goal # 3 with 'Somewhat effective' intervention, 'Fair Progress' statement, and 'Continue As Is' status. Buttons for 'Cancel', 'Save', and 'Finish' are at the bottom right.



The screenshot shows the 'Plan Outline' screen in the I-SMART application. It displays a list of 'Outline Actions' including 'Comment/Modify Plan'. Below this is a 'Treatment Plan' section for 'Third Plan' with a start date of 9/25/2007. The plan includes three 'Problem/Goal' items, each with associated objectives and review comments. The review comments are highlighted in yellow: 'Client shows some lessening of resistance when involved in group.' for Problem/Goal 1, and 'Client has difficulty working on relationship with parents.' for Problem/Goal 3. A red arrow points from the 'Finish' button in the previous screenshot to the 'Plan Outline' screen, and another red arrow points from the 'Comments' link in the 'Problem/Goal 3' section to the 'Review Comment' screen.

Treatment

Treatment Review – Plan Outline

74. To delete a **Problem, Goal or Objective** to the Treatment Plan click the **Delete** hyperlink next to the appropriate item.
75. You will receive a warning message asking if you are sure you want to delete the item.
76. If you click **Yes** you will be returned to the **Outline** screen and you will see the item you deleted in blue text with a line through it.
77. If you are done with making changes and comments to the Treatment Plan click **Finish** at the top of the screen.
 - This will save all of your changes, however, it will not update the treatment plan. **Finish** will take you to the **Treatment Review List** screen.

The screenshots show the I-SMART web application interface. The top screenshot displays a warning message: "Are you sure you want to delete this objective related to it? Deleted objectives cannot be recovered once deleted." with "Yes" and "No" buttons. The middle screenshot shows the "Treatment Review for Example, Manual" screen with a "Plan Outline" section. A red arrow points from the "Delete" button in the middle screenshot to the "Objective 2.1" entry in the bottom screenshot. The bottom screenshot shows the "Objective 2.1" entry with a blue background and a line through it, indicating it has been deleted. The "How to read outline" section in the bottom screenshot shows that "Item has been modified" and "Review comments added to item" are highlighted in yellow.

Treatment

Treatment Review

78. The Treatment Review you entered will have a status of **Pending** until you apply the changes.
79. To apply the changes to the Treatment Plan from the treatment review click the **Review** hyperlink next to the appropriate Treatment Review.
80. This will take you to the **Treatment Review Profile** screen.

I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 6711058787 | Case #: 1

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! New treatment reviews cannot be created because there is an active treatment review (has modified treatment plan, review status not cancelled).

Treatment Review List Add New Treatment Review Record

Review Date	Plan Name	Review Period Start	Review Period End	Status	Actions
2/27/2007	Third Plan	1/27/2007	2/27/2007	Cancelled	Review
9/24/2007	Third Plan	1/1/2007	10/1/2007	Pending	Review

I-SMART

User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 6711058787 | Case #: 1

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Treatment Review for Example, Manual

Identifying Info

Client Name: Example, Manual
 DOB: 11/5/1967
 Review Period From: 1/1/2007 to 10/1/2007
 Date of Review: 9/24/2007
 Review Status: Pending

Updated Info

Documents Reviewed (Include dates of documents)

Assessments Conducted During This Review Period

Actions

[Cancel Review](#) | [Apply Changes](#) | Complete, No changes to Tx Plan

Cancel Save Finish Next

Treatment

Treatment Review

81. To apply the changes to the Treatment Plan click the **Apply Changes** hyperlink.
82. You will receive a warning message asking if you are sure you want to apply the changes.
83. If you click yes, a new treatment plan will be created with the changes and the status of this Treatment Review will be **Completed (Changes Applied)**.
84. If you want to cancel the review, click the **Cancel Review** hyperlink.
85. You will receive a warning message asking if you are sure you want to cancel the review.
86. If you click yes, the status of this Treatment Review will be **Cancelled** and a new treatment plan will not be created based on this review.

I-SMART User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1
September 2007 Ver 1
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Treatment Review for Example, Manual

Identifying Info

Client Name: Example, Manual
DOB: 11/5/1967
Review Period From: 1/1/2007 to 10/1/2007
Date of Review: 9/24/2007
Review Status: Pending

Updated Info

Documents Reviewed (Include dates of documents)
Assessments Conducted During This Review Period

Actions
Cancel Review | Apply Changes | Complete, No changes to Tx Plan
Cancel Save Finish Next

I-SMART User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1
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Are you sure you want to apply the treatment review changes to the current active, signed-off treatment plan?

Yes No

I-SMART User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1
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Are you sure you want to cancel this treatment review?

Yes No

Treatment

Treatment Review

87. **Apply Changes** will automatically update the existing **Treatment Plan** to include any changes made in the **Treatment Review**.
88. Notice that the **Treatment Review List** shows the **Status** as **Completed (Changes Applied)**.
89. A new treatment plan has been created and is now listed on the **Treatment Plan List** with a **Status** of **Active – Not Signed Off**.
90. In order to sign off on the new **Treatment Plan**, click the **Review** hyperlink.
 - This will take you to the **Treatment Plan Profile** screen where you can choose to **Sign Off** on the new plan. This will change the **Status** to **Active – Signed Off**.

I-SMART User: Cleland, Lonnie | Loc: Iowa Dept. of Public Health, Test Facility | Client: Example, Manual | 6711058787 | Case #: 1 | September 2007 Ver 1

Diagnosics | Print Report | Print View | Logout

Home Page | Agency | Group List | Client List | Client Profile | Non-Episode Contact | Activity List | Intake | Wait List | Treatment Team | Assessments | Crisis and Placement | Admission | Program Enroll | Notes | Treatment | Tx Plan | Tx Review | Profile | ASAM | Comments | Review Team | Plan Outline

The changes made as part of this treatment review have been applied to the treatment plan.

Treatment Review for Example, Manual

Identifying Info

Client Name: Example, Manual
 DOB: 11/5/1967
 Review Period From: 1/1/2007 to 10/1/2007
 Date of Review: 9/24/2007
 Review Status: Completed(Changes Appli)

Updated Info

Documents Reviewed (Include dates of documents)

Assessments Conducted During This Review Period

Actions
 Cancel Review | Apply Changes | Complete, No changes to Tx Plan

Finish Next

I-SMART User: Cleland, Lonnie | Loc: Iowa Dept. of Public Health, Test Facility | Client: Example, Manual | 6711058787 | Case #: 1 | September 2007 Ver 1

Diagnosics | Print View | Logout

Home Page | Agency | Group List | Client List | Client Profile | Non-Episode Contact | Activity List | Intake | Wait List | Treatment Team | Assessments

Treatment Reviews are only permitted on treatment plans that are active and signed off. Client does not have any active signed off treatment plans.

Treatment Review List

Add New Treatment Review Record

Review Date	Plan Name	Review Period Start	Review Period End	Status	Actions
2/27/2007	Third Plan	1/27/2007	2/27/2007	Cancelled	Review
9/24/2007	Third Plan	1/1/2007	10/1/2007	Completed(Changes Applied)	Review

I-SMART User: Cleland, Lonnie | Loc: Iowa Dept. of Public Health, Test Facility | Client: Example, Manual | 6711058787 | Case #: 1 | September 2007 Ver 1

Diagnosics | Print View | Logout

Home Page | Agency | Group List | Client List | Client Profile | Non-Episode Contact | Activity List

Treatment Plan List

Add New Treatment Plan Record

Plan Name	Status	#	Version	Start Date	End Date	Actions
First Plan	Inactive - Old Version	1	1	1/3/2006	8/22/2007	Review
First Plan	Inactive - Old Version	1	2	1/22/2006	9/20/2007	Review
Third Plan	Inactive - Old Version	1	3	1/27/2006	10/16/2007	Review
Third Plan	Active - Signed Off	1	4	10/16/2007		Review

Treatment

Medications

91. **Getting here:** Click on main menu item **Treatment** which expands to multiple menu items, one of which is **Medications**.
92. Clicking on **Medications** in the menu brings up the first screen which is divided into two parts. The top half is a list of medications that have been documented so far. It would be blank if nothing has been documented.
93. The lower half is where you can document the details of each medication which then gets saved at the top. Initially, this appears grayed out. Click on **Add New Medication**. This will make all the fields available for data entry.
94. Select the type of medication from the first drop-down next to **Medication** and then select the name of the medication from the second drop-down box for **Medication**.
95. Type the name of the physician and select appropriate item from other drop-down boxes.
96. Clicking on **Save** will save the information you just entered to the list at the top.
97. To add more medications to the list, click on **Add New Medication** link and follow the same steps.
98. Click on **Finish** when you have entered all the medications that the client is currently taking.
99. Discontinuing a medication can be done by clicking on **Review** next to that medication under **Actions**. This will bring the details of the medications to the lower half of the screen where you can make the changes and **Save**.

I-SMART User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 6711058787 | Case #: 1

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 Diagnostics Print View Logout

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 Agency ▶
 Group List ▶
 Client List ▼
 Client Profile ▶
 Non-Episode Contact
 Activity List ▼
 Intake
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 Treatment Team
 Assessments ▶
 Crisis and Placement ▶
 Admission ▶
 Program Enroll ▶
 Notes ▶
 Treatment ▼
 Tx Plan ▶
 Tx Review ▶
Medications
 Outcomes ▶
 Discharge ▶
 Follow Up ▶
 Consent
 Referrals
 Episode List
 System Administration ▶
 My Settings ▶
 Reports

Medications for Example, Manual

Type	Dose	Frequency	Prescribed	Discontinue	Reason	Actions
Prozac (SSRI) (fluoxetine)	Lots	Daily	2/27/2007			Review

Add New Medication

Medication: _____ Dose: _____
 Prescribing Physician: _____ Frequency: _____
 Discontinued by Physician: _____ Date Prescribed: _____
 Reason: _____ Date Discontinued: _____

Notes (Including identification and documentation of drug reactions and instructions for use)

Finish

I-SMART User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 6711058787 | Case #: 1

September 2007 Ver 1
 Diagnostics Print View Logout

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Medications for Example, Manual

Type	Dose	Frequency	Prescribed	Discontinue	Reason	Actions
Prozac (SSRI) (fluoxetine)	Lots	Daily	2/27/2007			Review

Add New Medication

Medication: _____ Dose: _____
 Prescribing Physician: _____ Frequency: _____
 Discontinued by Physician: _____ Date Prescribed: _____
 Reason: _____ Date Discontinued: _____

Notes (Including identification and documentation of drug reactions and instructions for use)

Cancel Save Finish

I-SMART Training Manual

This training document focuses on the elements required to record Miscellaneous, Encounter, and Group Notes in I-SMART.

Notes

Miscellaneous Notes
Encounter Notes
Group Notes

August 2008

Notes

This module allows you to document a variety of notes which serve different purposes. There is a Miscellaneous Notes screen to capture notes documenting phone calls, case management notes, and other non-billable contacts. There is an Encounters sub-module used to document client/counselor face-to-face encounters and notes regarding services provided. The Group Notes module is similar to Encounters, but is used to quickly and easily document therapy contacts for a group of clients.

1. To access the **Notes** module, go the **Activity List** menu and then click the **Notes** menu item.
2. This will bring you to the **Notes List** which shows all previously entered **Miscellaneous** and **Encounter Notes**.
3. Clicking the **Review** hyperlink for the note you wish to see will bring up the first screen of the note chosen.

I-SMART-UAT User: Cleland, Lonnie
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 Misc. Notes
 Encounters ▶

Notes List [Add New Misc. Note](#)
[Add New Billable Note](#)
[Print Notes](#)

Note Type	Date	Duration	Staff	Service Summary	Actions
Individual Notes	1/4/2007	60 Min	Cleland, Lonnie	90806-Individual psychotherapy...	Review
Note to file	1/3/2007	5 Min	Cleland, Lonnie	Mr. Example called wanting an ...	Review

I-SMART-UAT User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 6711058787 | Case #: 1

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 Program Enroll ▶
 Notes ▼
 Misc. Notes
 Encounters ▼
 Profile
 Encounter Note
 Services
 Treatment ▶
 Outcomes ▶

Encounter For Example, Manual

Encounter Type: **11-Individual Notes** Event Type: **Admission**
 Tx ID: 189 Created Date: 9/11/2007 4:09 PM
 Service: **90806-Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outp...**
 Program Name: **19-Extended Outpatient : 1/4/2007 - 1/10/2007**

Start Date: **1/4/2007** End Date: **1/4/2007**
 Service Location: **Office** Start Time: End Time:
 Substance Abuse Medication: **Medication Free** Duration: **60** Min # of Sessions:
 Emergency:
 Rendering Staff: **Cleland, Lonnie** Primary Payment Src: **13-HMO**
 Supervising Staff: Other Payment Src: **11-Client Self-Pay**
 Referring Phys:

Cancel Save Finish Next

Notes

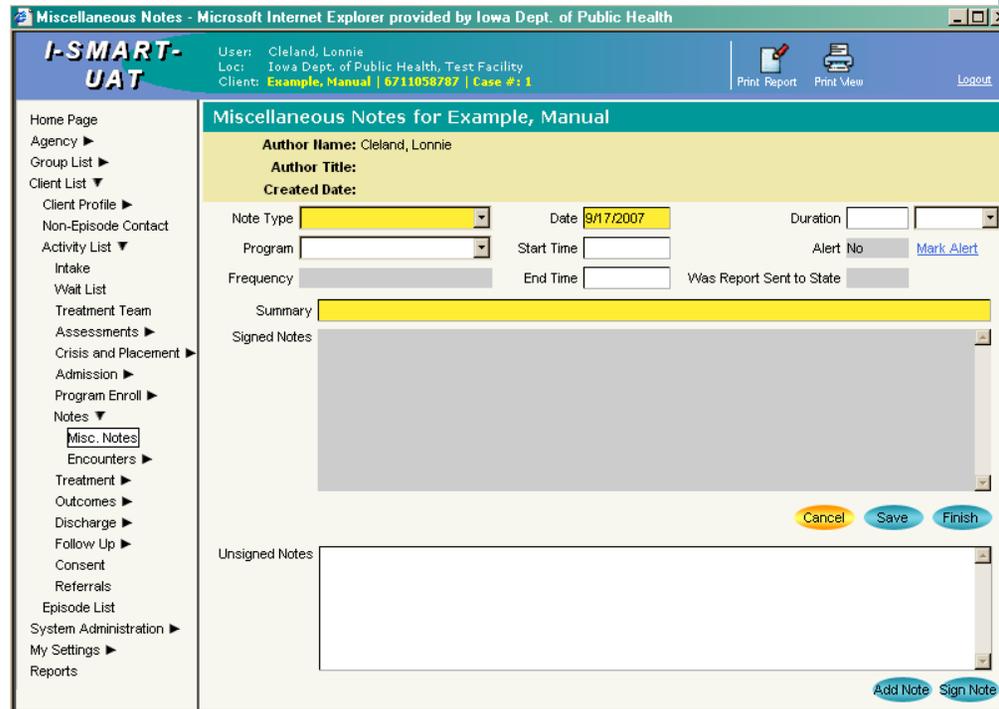
Miscellaneous Notes

4. To review an existing **Miscellaneous Note** click on **Review** under the **Actions** column.
5. To add a new **Miscellaneous Note** click the **Add New Misc. Notes** hyperlink. This will bring you to the screen to enter the details.
6. To set an alert related to this **Note** click the **Mark Alert** hyperlink. This will highlight the client's name in red on the **Client List**. To remove the alert click the **Remove Alert** hyperlink.



The screenshot shows the 'Notes List' interface in the I-SMART-UAT application. The user is logged in as Cleland, Lonnie. The interface includes a navigation menu on the left and a main content area with a table of notes.

Note Type	Date	Duration	Staff	Service/Summary	Actions
Individual Notes	1/4/2007	60 Min	Cleland, Lonnie	90806-Individual psychotherapy...	Review
Note to file	1/3/2007	5 Min	Cleland, Lonnie	Mr. Example called wanting an ...	Review



The screenshot shows the 'Miscellaneous Notes for Example, Manual' form in the I-SMART-UAT application. The form includes fields for note details and a summary section.

Author Name: Cleland, Lonnie
Author Title:
Created Date:

Note Type: Date: 9/17/2007 Duration:

Program: Start Time: Alert No: [Mark Alert](#)

Frequency: End Time: Was Report Sent to State:

Summary:

Signed Notes:

Unsigned Notes:

Buttons: [Cancel](#) [Save](#) [Finish](#) [Add Note](#) [Sign Note](#)

Notes

Miscellaneous Notes

7. Select the **Note Type** from the drop-down. The **Date** will pre-populate with the current date. This can be changed as needed. Enter the **Start Time**, **End Time**, and **Duration**, if desired.
8. Write a one line **Summary** in the appropriate text box. This summary will be shown On the **Notes List** screen.
9. Write the detailed note in the **Unsigned Notes** text box. When done, click the **Signed Notes** button to move the note into the **Signed Notes** text box. Click **Save** and/or **Finish** when you are done to save the information.

Miscellaneous Notes - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

I-SMART-UAT User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1

Print Report Print View Logout

Miscellaneous Notes for Example, Manual

Author Name: Cleland, Lonnie
Author Title:
Created Date:

Note Type: Date: Duration:

Program: Start Time: Alert No: [Mark Alert](#)

Frequency: End Time: Was Report Sent to State:

Summary:

Signed Notes:

Unsigned Notes:

[Cancel](#) [Save](#) [Finish](#)

[Add Note](#) [Sign Note](#)

Miscellaneous Notes - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

I-SMART-UAT User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1

Print Report Print View Logout

Miscellaneous Notes for Example, Manual

Author Name: Cleland, Lonnie
Author Title:
Created Date: 9/17/2007 10:52 AM

Note Type: Date: Duration:

Program: Start Time: Alert No: [Mark Alert](#)

Frequency: End Time: Was Report Sent to State:

Summary:

Signed Notes:

Unsigned Notes:

[Delete](#) [Cancel](#) [Save](#) [Finish](#)

[Add Note](#) [Sign Note](#)

Notes

Miscellaneous Notes

10. **Finish** will take you back to the **Miscellaneous Notes List** where you will see the note you just entered listed.
11. To review an existing **Miscellaneous Note** click on **Review** under the Actions column.

The screenshot shows the I-SMART-UAT web application interface. The browser title is "I-SMART-UAT - Microsoft Internet Explorer provided by Iowa Dept. of Public Health". The user is identified as "User: Cleland, Lonnie" at the "Iowa Dept. of Public Health, Test Facility". The client information is "Client: Example, Manual | 6711058787 | Case #: 1". There are links for "Print Report", "Print View", and "Logout".

The main content area is titled "Miscellaneous Notes List" and includes a link to "Add New Miscellaneous Notes Record". Below this is a table with the following data:

Created Date	Author	Note Type	Summary	Actions
9/17/2007	Cleland, Lonnie	Note to file	Testing notes function.	Review
9/17/2007	Cleland, Lonnie	Note to file	Client called to cancel appoin...	Review
1/3/2007	Cleland, Lonnie	Note to file	Mr. Example called wanting an ...	Review

A left-hand navigation menu is visible, containing items such as Home Page, Agency, Group List, Client List, Client Profile, Non-Episode Contact, Activity List, Intake, Wait List, Treatment Team, Assessments, Crisis and Placement, Admission, Program Enroll, Notes, Misc. Notes, and Encounters.

Notes

Encounters

12. The Encounter Notes sub-module is where you document the details of the face-to-face services provided a client.
13. Clicking on **Encounters** in the left-hand menu brings up the **Encounter List** screen.
14. Had you clicked **Notes** on the left-hand menu, you would have brought up the **Notes List** screen. This lists both **Misc. Notes** and **Encounters**. Notice you can add either a **New Misc. Note** or **Add New Billable Note** from this screen. **Add New Billable Note** and **Add Encounter Record** are the same thing.
15. If you are at the **Encounter** screen, you can either select an **Encounter** listed on the screen by clicking the **Review** hyperlink, or choose to **Add Encounter Record** to add a new record.
16. Selecting **Add Encounter Record** opens the **Encounter Profile** screen.

Encounter List - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

I-SMART-UAT User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 6711058787 | Case #: 1

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 Wait List
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 Assessments ▶
 Crisis and Placement ▶

Encounter List [Export](#) [Add Encounter Record](#)

Tx ID	Start Date	Service	Duration	Rendering Staff	Program Name	Status	Actions
189	1/4/2007	90806-Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approx. 45 to 50 min. face-to-face with the patient	60	Cleland, Lonnie	Extended Outpatient	Not Released	Review

I-SMART-UAT - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

I-SMART-UAT User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 6711058787 | Case #: 1

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 Program Enroll ▶
 Notes ▼

Notes List [Add New Misc. Note](#)
[Add New Billable Note](#)
[Print Notes](#)

Note Type	Date	Duration	Staff	Service/Summary	Actions
Note to file	9/17/2007		Cleland, Lonnie	Testing notes function.	Review
Note to file	9/17/2007		Cleland, Lonnie	Client called to cancel appoin...	Review
Individual Notes	1/4/2007	60 Min	Cleland, Lonnie	90806-Individual psychotherapy...	Review
Note to file	1/3/2007	5 Min	Cleland, Lonnie	Mr. Example called wanting an ...	Review

Encounter List - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

I-SMART-UAT User: Cleland, Lonnie
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 Client: Example, Manual | 6711058787 | Case #: 1

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 Misc. Notes
 Encounters ▼

Encounter List [Export](#) [Add Encounter Record](#)

Tx ID	Start Date	Service	Duration	Rendering Staff	Program Name	Status	Actions
189	1/4/2007	90806-Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approx. 45 to 50 min. face-to-face with the patient	60	Cleland, Lonnie	Extended Outpatient	Not Released	Review

Notes

Encounters

17. Select **Encounter Type** and from the drop-down box. Face-to-face encounter types are either **Individual, Group** or **Family**. **24 Hour Service** type is used to document services specific to agencies that treat clients on an inpatient or residential basis.
18. **Event Type:** This box is used to document whether the client is being seen for a service as an admitted client, a placement screening or a crisis contact.
19. **Service:** Select the specific service being delivered. The codes are listed in numerical order as they are CPT billing codes.
20. Select the options for **Program Name** and **Service Location**.
21. **Substance Abuse Medication:** Most clients are Medication Free. If a client is taking a medication used to inhibit substance use, to detoxify or used as maintenance such as Methadone, select the appropriate response.
22. **TX Start Date / TX End Date:** Used to capture the span of time during which sessions were provided. For a single session encounter, the **TX Start Date** and **TX End Date** will be the same.
23. **Rendering Staff** information comes pre-filled based on your login. It can be changed if the person who delivered the service was different from the person documenting it.

I-SMART-UAT - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1

Print Report Print View Logout

Encounter For Example, Manual

Encounter Type: **Individual Notes** Event Type: **Admission**
Tx ID: 189 Created Date: 9/11/2007 4:09 PM
Service: 90806-Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outp
Program Name: 19-Extended Outpatient: 1/4/2007 - 1/10/2007
Service Location: **Office** Start Date: 1/4/2007 End Date: 1/4/2007
Substance Abuse Medication: **Medication Free** Start Time: End Time: Duration: 60 Min # of Sessions: Emergency:
Rendering Staff: **Cleland, Lonnie** Primary Payment Src: **13-HMO**
Supervising Staff: Other Payment Src: **11-Client Self-Pay**
Referring Phys:

Cancel Save Finish Next

Encounters

24. **Duration:** Duration may be entered in either Minutes (Min) or Days. **Individual, Group and Family sessions** must be entered in Minutes. **24 Hour Services** must be entered in Days.
Note: If you enter a date range for Start/End dates that is greater than one, the Duration must be the total number of minutes the counselor saw the client in face-to-face sessions. For example if this client were seen 4 group sessions over the course of 10 days for a total of 360 minutes, the Encounter record would look like that at the right.
24. **# of Sessions:** Number of sessions being documented.
25. **Primary Payment Src / Other Payment Src:** **Primary Payment Src** will autofill with information entered in the **Admission** module. **Other Payment Src** will be blank on the first encounter. Thereafter it will autofill with whatever choice was entered in the previous encounter. Should payment sources for a client change over the course of treatment, changing them on the **Encounter Profile** screen will allow the agency to track this change over time by using the **Reports** module **Encounter Data** report.
26. **Next** will take the user to the **Encounter Notes** screen.

The screenshot displays the I-SMART-UAT web application in Microsoft Internet Explorer. The user is logged in as Cleland, Lonnie. The interface shows the 'Encounter For Example, Manual' form with the following details:

- Encounter Type:** G1-Group Notes
- Event Type:** Admission
- Tx ID:** 189
- Created Date:** 9/11/2007 4:09 PM
- Service:** 90806-Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpa
- Program Name:** 19-Extended Outpatient : 1/4/2007 - 1/10/2007
- Start Date:** 1/4/2007
- End Date:** 1/10/2007
- Service Location:** Office
- Substance Abuse Medication:** Medication Free
- Duration:** 360 Min
- Emergency:** (dropdown menu)
- # of Sessions:** 4
- Rendering Staff:** Cleland, Lonnie
- Primary Payment Src:** 13-HMO
- Supervising Staff:** (dropdown menu)
- Other Payment Src:** 11-Client Self-Pay
- Referring Phys:** (dropdown menu)

Navigation buttons at the bottom right include Cancel, Save, Finish, and Next.

Notes

Encounters

27. On the **Encounter Notes** screen you can select the **Goals** and **Objectives** from the treatment plan that were addressed in this session.
28. To add a **Goal** or **Objective** click the **Add Goals** or **Add Objectives** hyperlink. You can select the relevant goals or objectives by clicking the box to the left of the appropriate goal or objective. Click **Finish** to return to the **Notes** screen. The goals or objectives you selected will be listed under the **Associated Goals** or **Associated Objectives**.

Note: You can delete the **Goals** or **Objectives** from the **Encounter Note** by using the **Delete** hyperlinks.

I-SMART-UAT User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 6711058787 | Case #: 1

Encounter Notes for Example, Manual

Goal Progress: [Dropdown]

Associated Goals [Add Goals](#)

Prob #	Goal	Description	Actions

Associated Objectives [Add Objectives](#)

Prob #	Obj #	Objective	Description	Actions

Signed Notes: [Text Area]

Unsigned Notes: [Text Area]

Buttons: Cancel, Save, Finish, Previous, Next, Add Note, Sign Note

I-SMART-UAT User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 6711058787 | Case #: 1

Select Problem Goals

<input type="checkbox"/>	Prob #	Goal	Description
<input type="checkbox"/>	1	Stabilize mental health issues.	
<input checked="" type="checkbox"/>	2	Develop a step by step action plan to address substance use disorder.	

Finish

I-SMART-UAT User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 6711058787 | Case #: 1

Select Objectives

<input type="checkbox"/>	Prob #	Obj #	Objective	Comment
<input type="checkbox"/>	1	1	Comply with any recommended mental health counseling/treatment.	
<input checked="" type="checkbox"/>	2	1	Develop an effective action plan for change that includes measurable action steps.	

Finish

Notes

Encounters

29. Write a detailed **Narrative** in the **Unsigned Notes** text box provided.
30. Click **Sign Notes** go move the narrative to the Signed Notes text box.
31. **Next** will take you to the **Ancillary Services** screen. The **Ancillary Services** screen allows you to document ancillary services and substance use inhibiting medications rendered to the client during the period covered by the dates you entered on the **Encounter Profile** screen.
32. **Ancillary Services Rendered:** Select the applicable ancillary services in the this box. You may hold the Ctrl key down to make multiple selections at the same time. When you select the item, its background will turn dark. After selecting all the appropriate services click the right pointing arrow for the **Services** to move to the **Services Rendered** box. To unselect a service click on it in the **Services Rendered** box and click the left pointing arrow.
33. **Medications:** Select the medications as applicable in the left hand box. Then select the frequency from the drop-down box in the middle. After that click the right pointing arrow for the **Medications** to move to the **Medications Rendered** box on the right. To unselect a medication click on it in the **Medications Rendered** box and click the left pointing arrow.
34. Click **Finish**.

Encounter Notes for Example, Manual

Goal Progress:

Associated Goals			
Prob #	Goal	Description	Actions
2		Develop a step by step action plan to address substance use disorder.	Delete

Associated Objectives			
Prob #	Obj #	Objective	Actions
2	1	Develop an effective action plan for change that includes measurable action steps.	Delete

Signed Notes: Signed by Lonnie Cleland, 9/18/2007 8:41:30 AM Eastern Time:
Discussed client's action plan and set up steps.

Unsigned Notes:

Buttons: Cancel, Save, Finish, Previous, Next, Add Note, Sign Note

Ancillary Services Rendered for Example, Manual

TX Start Date: 1/10/2007
TX End Date: 1/17/2007

Ancillary Services	Ancillary Services Rendered
Child Care	None
Educational	
Financial Counseling	
Gambling	

Medications	Frequency	Medications Rendered
Antabuse	None (None)	
LAAM		
Methadone		
Naltrexone		
Other		

Buttons: Cancel, Save, Finish, Previous

Group Notes

The Group Notes module allows you to manage group therapy sessions and encounters in one location. The user can create group therapy session notes, transfer them to each client's individual file, and create encounters to document services. The Group Notes module is a stand alone module because it is not associated with any one client's file.

35. **Group List:** The **Group List** module enables the user to set up treatment groups and to then document each client's participation in any or all listed groups.
36. There are two headings under **Group List:** 1. **Session List** and 2. **Group Type**.
37. **Group Type:** The **Group Type** module requires the user to set up and maintain a list of various types of groups that the agency's facilities are running at any one time. This must be done in order to set up a specific group. Each of the Group Types that are set up will be added to the **Group Type** drop down on the **Group Profile** screen.
38. Click the **Add Group Type** hyperlink. This opens the Group Type Description, Dates and Sort Order fields for editing.
39. **Finish** adds the Group Description to the **Group Type** list. Each facility can have its own list of Group Types. For example agencies might choose to create groups such as Intensive Outpatient, Extended Outpatient, Relapse and so forth. Then, you can add groups of any name within each of these categories.

http://ia-qa.witsweb.org - Group Profile Roster - Microsoft Internet Explorer provided by Iowa Dept. of Public H...

User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Kerry, Mary | 6801020458 | Case #: 1

I-SMART Print View Logout

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Reports

Group Type

Description	Created Date	Effective Date	Expiration Date	Sort Order	Actions
Family Discussion	7/8/2007				Edit Remove
Intensive Outpatient Therapy	7/18/2007	1/1/2007			Edit Remove
Extended Outpatient	7/23/2007	7/23/2007			Edit Remove

[Add Group Type](#)

Unit: Test Facility

Description: [Text Field]

Effective Date: [Text Field]

Expiration Date: [Text Field]

Sort Order: [Text Field]

Finish

http://ia-qa.witsweb.org - Group Profile Roster - Microsoft Internet Explorer provided by Iowa Dept. of Public H...

User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Kerry, Mary | 6801020458 | Case #: 1

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Reports

Group Type

Description	Created Date	Effective Date	Expiration Date	Sort Order	Actions
Family Discussion	7/8/2007				Edit Remove
Intensive Outpatient Therapy	7/18/2007	1/1/2007			Edit Remove
Extended Outpatient	7/23/2007	7/23/2007			Edit Remove

[Add Group Type](#)

Unit: Test Facility

Description: Intensive Outpatient Therapy

Effective Date: 1/1/2007

Expiration Date: [Text Field]

Sort Order: [Text Field]

Cancel Save Finish

http://ia-qa.witsweb.org - Group Profile List - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Kerry, Mary | 6801020458 | Case #: 1

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Reports

Group Profile List [Add](#)

Group Name	Rendering Staff	Day of Week	Time of Day	Start Date	End Date	Actions
Intensive Outpatient	Cleland, Lonnie		10:00 AM	1/1/2007		Edit Delete
Test Group	Benny, Jenny		8:00 AM	7/8/2007		Edit Delete
Cross Roads	Prier, Deb		1:00 AM	7/23/2007		Edit Delete
Primary Residential Group Therapy	Andrews, Anna		1:00 PM	7/23/2007		Edit Delete

Notes

Group Notes

- The **Group Profile List** shows all groups active in the agency.
- Notice the Jason Test Group is the **Group Name** while its **Group Type** is Relapse Prevention. Relapse Prevention was one of the **Group Types** that was set up in the **Group Type** sub-module. **Review** will open each group's profile for editing. **Delete** will delete a particular group from the **Group List**. **Session List** opens the list of documented sessions for this particular group.
 - Create Group Session**: Opens the **Group Session Notes** screen to document a group session.
 - Edit Roster**: This will open the **Roster** screen. **Add Member** will allow you to add any client to the roster. **Review** opens existing roster members for edit. **Remove** will remove clients from this list. Finish returns the user to the **Group Profile** screen.

I-SMART-UAT User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1

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Reports

Group Profile List

Group Name	Rendering Staff	Day of Week	Time of Day	Start Date	End Date	Actions
Jason Test Group	Benny, Jenny	Tuesday	6:00 AM	1/1/2007		Review Delete Session List
Lonnie's Group	Cleland, Lonnie	Wednesday	9:00 AM	1/1/2007		Review Delete Session List

I-SMART-UAT User: Cleland, Lonnie
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Reports

Group Profile

Group Name: Jason Test Group Start Date: 1/1/2007 End Date:
 Group Type: Relapse Prevention Day of Week: Tuesday Time of Day: 6:00 AM
 Lead Staff: Benny, Jenny Room Location: Picnic Table
 Facility: Test Facility

Co-Lead Staff: Benny, Jenny Choudhury, Tahsin Cleland, Lonnie McCreery, Tonia, B.A.
 Selected Co-Lead Staff:
 Description: Test

[Create Group Session](#) [Print Sign-In Sheet](#) [Cancel](#) [Save](#) [Finish](#)

Roster

Client Name	Program	Client Due	# of Approved Session	# of Sessions Attended	Status	Status Effective Date
Cleland, Lonnie	Test Program 99			1	Active	6/20/2007
Guy, Crisis	Extended Outpatient		0	1	Active	6/18/2007

I-SMART-UAT User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1

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Reports

Roster

Client Name	Program	# of Approved Session	# of Sessions Attended	Status	Status Effective Date	Actions
Cleland, Lonnie	Test Program 99		1	Active	6/20/2007	Review Remove
Guy, Crisis	Extended Outpatient	0	1	Active	6/18/2007	Review Remove

[Add Member](#)

Client Name: Example, Manual Program: 20-Intensive Out Patient : 1/10/2007 -
 # of Sessions Approved: Status: Active
 # of Sessions Attended: Status Effective Date: 1/10/07
 Client Due:

[Cancel](#) [Save](#) [Finish](#)

Notes

Group Notes

43. The **Group Session Notes** screen documents the type of note, date, time, and location of the group. It is used to create the group's actual session note, begin the creation process for **Encounters** and to document group member's participation.
44. Entering text in the **Note** box will update each of the selected clients' individual files with the Group Note when **Finish** is clicked.
45. **Mark as Present**, **Mark as No Show**, **Mark as Excused** all update the group roster for those clients checked in the **Client Name** column.
46. **Review**: Opens the **Individual Notes** screen. Entering text in the notes box and clicking Finish will update the client's individual file when an **Encounter** is created. **Finish** return user to the **Group Session Notes** screen.
47. **Note**: If a client is missing from the group's Attendee list choose **Add Attendee**. This will open the **Individual Notes** screen where you can manually add a client's name and Individual note. The **Client Name** drop down will contain the names of all clients on the group roster that are not listed on the **Attendee List**. If the client's name is not present, you will have to add the client to the group roster by returning to the **Group Profile** screen to **Edit Roster**. See # 38 above.

Group Session Profile - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

I-SMART-UAT User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client:

Print View Logout

Group Session Notes

Note Type: G1-Group Notes Billable: Yes Date: 1/15/2007

Group Name: Jason Test Group Start Time: 6:00 AM End Time:

Group Type: Relapse Prevention Duration: Duration Type:

Lead Staff: Cleland, Lonnie Location: Office

Service: 90853-Group psychotherapy (other than multi-family group)

Co-Lead Staff: Benny, Jenny; Choudhury, Tahsin; Cleland, Lonnie; McCreery, Tonia, B.A. Selected Co-Lead Staff:

Note: Demonstrating the use of the Group Notes module.

Cancel Save Finish

Attendees

Add Attendee Mark as Present Mark as No Show Mark as Excused

<input type="checkbox"/>	Client Name	# Attnd	Status	Individual Note Summary	Actions	Misc. Notes	Encounter
<input type="checkbox"/>	Guy, Crisis	1		Crisis Guy did very well in gr...	Review Delete	Create	Create
<input type="checkbox"/>	Cleland, Lonnie	1			Review Delete	Create	Create
<input type="checkbox"/>	Example, Manual	0		Manual is doing well.	Review Delete	Create	Create

Group Session Note - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

I-SMART-UAT User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client:

Print View Logout

Individual Notes

Client Name: Example, Manual

Delivered Service: 90853-Group psychotherapy (other than multi-family group)

of Sessions Attended: 0

Billed?: No

Status:

Individual Note: Manual is doing well.

Cancel Finish

Notes

Group Notes

48. Notice the **Create** hyperlinks under **Misc. Notes** and **Encounters** column headings. Choosing the **Create** link under **Encounter** will open the chosen client's **Notes/Encounter** module to document the group session in the client file. Up until this point, the session has only been documented in the Group Notes module.
49. Notice that significant portions of the **Encounter** including **Start Date** and **End Date** have been autofilled by the system. Complete the rest of the screen. **Next** moves you on to the **Encounter Notes** screen.

Group Session Profile - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

I-SMART-UAT User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client:

Print View Logout

Group Session Notes

Note Type: G1-Group Notes Billable: Yes Date: 1/15/2007
 Group Name: Jason Test Group Start Time: 6:00 AM End Time:
 Group Type: Relapse Prevention Duration: Duration Type:
 Lead Staff: Cleland, Lonnie Location: Office
 Service: 90853-Group psychotherapy (other than multi-family group)

Co-Lead Staff: Benny, Jenny; Choudhury, Tahsin; Cleland, Lonnie; McCreery, Tonia, B.A.
 Selected Co-Lead Staff:

Note: Demonstrating the use of the Group Notes module.

Cancel Save Finish

Attendees

Add Attendee Mark as Present Mark as No Show Mark as Excused

<input type="checkbox"/>	Client Name	# Attnd	Status	Individual Note Summary	Actions	Misc. Notes	Encounter
<input type="checkbox"/>	Guy, Crisis	1		Crisis Guy did very well in gr...	Review Delete Create	Create	Create
<input type="checkbox"/>	Cleland, Lonnie	1			Review Delete Create	Create	Create
<input type="checkbox"/>	Example, Manual	0		Manual is doing well.	Review Delete Create	Create	Create

I-SMART-UAT - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

I-SMART-UAT User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1

Print Report Print View Logout

Encounter For Example, Manual

Encounter Type: G1-Group Notes Event Type:
 Tx ID: Created Date:
 Service: 90853-Group psychotherapy (other than multi-family group)
 Program Name: 20-Intensive Out Patient : 1/10/2007 -

Service Location: Office Start Date: 1/15/2007 End Date: 1/15/2007
 Start Time: 6:00 AM End Time:
 Substance Abuse: Duration:
 Medication: Emergency: # of Sessions:

Rendering Staff: Cleland, Lonnie Primary Payment Src: 13-HMO
 Supervising Staff: Other Payment Src: 11-Client Self-Pay
 Referring Phys:

Cancel Save Finish Next

Notes

Group Notes

50. Notice that the Unsigned Notes text box is autofilled with the text you entered in both the **Individual and Group Notes** text boxes.
51. Simply proceed as you would any other encounter by adding **Goals**, **Objectives** and **Goal Progress** if desired.
52. **Sign Note** then click **Next** to complete the **Ancillary Services Note**.
53. Finish at the **Ancillary Services** screen will take you back to the **Group Session Profile**.
54. Notice the hyperlink under **Encounter** for our client Manual Example has changed to **View**. Clicking **View** will take you to the **Encounter Profile** screen.
55. **Finish** will return you to the **Group Session List**.

Encounter Notes - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

I-SMART-UAT User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1

Print Report Print View Logout

Home Page Agency Group List Client List Client Profile Non-Episode Contact Activity List Intake Wait List Treatment Team Assessments Crisis and Placement Admission Program Enroll Notes Misc. Notes Encounters Profile **Encounter Note** Services Treatment Outcomes Discharge Follow Up Consent Referrals Episode List System Administration

Encounter Notes for Example, Manual

Goal Progress

Associated Goals

Prob #	Goal	Description	Actions

Associated Objectives

Prob #	Obj #	Objective	Description	Actions

Signed Notes

Unsigned Notes

1/1/2007 8:00 AM Eastern Time and discussed the following:
Demonstrating the use of the Group Notes module..
Manual is doing well.

Cancel Save Finish Previous Next

Add Note Sign Note

Group Session Profile - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

I-SMART-UAT User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1

Print View Logout

Home Page Agency Group List Group List **Session List** Group Type Client List System Administration My Settings Reports

Group Session Notes

Note Type: G1-Group Notes Billable: Yes Date: 1/15/2007

Group Name: Jason Test Group Start Time: 8:00 AM End Time:

Group Type: Relapse Prevention Duration: Duration Type:

Lead Staff: Cleland, Lonnie Location: Office

Service: 90853-Group psychotherapy (other than multi-family group)

Co-Lead Staff: Benny, Jenny; Choudhury, Tahsin; Cleland, Lonnie; McCreery, Tonia, B.A.

Selected Co-Lead Staff:

Note: Demonstrating the use of the Group Notes module.

Cancel Save Finish

Attendees

Add Attendee Mark as Present Mark as No Show Mark as Excused

<input type="checkbox"/>	Client Name	# Attn	Status	Individual Note Summary	Actions	Misc. Notes	Encounter
<input type="checkbox"/>	Guy, Crisis	2	Present	Crisis Guy did very well in gr...	Review Delete Create		Create
<input type="checkbox"/>	Cleland, Lonnie	2	Present		Review Delete Create		Create
<input type="checkbox"/>	Example, Manual	1	Present	Manual is doing well.	Review Delete Create		View

Notes

Group Notes

- 56. Notice the Group Session List now includes any group sessions you recently documented.
- 57. **Add** will open the **Group Session Notes** screen allowing you to create another group note. See # 39 above.

Group Session List - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1

Print View Logout

Group Session List

[Add](#) [Print Group Notes](#)

Group Name	RenderingStaff	Date	Start Time	End Time	Actions
Jason Test Group	Cleland, Lonnie	1/15/2007	6:00 AM		Review Delete
Jason Test Group	Mertz, Jason	6/20/2007	6:00 AM		Review Delete
Jason Test Group	Cleland, Lonnie	7/7/2007	6:00 AM		Review Delete
Jason Test Group	Mertz, Jason	7/12/2007	6:00 AM		Review Delete
Jason Test Group	Cleland, Lonnie	7/12/2007	9:00 AM		Review Delete
Jason Test Group	Cleland, Lonnie	7/13/2007	9:00 AM		Review Delete

I-SMART Training Manual

This training document focuses on the elements required to record client consent, waitlist and referral information.

Consent, Referral and Wait List

Client Consent

Client Referral

Waitlist

August 2008

Consent, Referral, and Wait List

Consent

1. **Entry Steps: Client Profile, Intake**
2. Consents are required before sharing any information about a client with anyone outside the agency. In this system, you need to setup an independent consent with each agency with whom you are going to share information.
3. Go to **Client List** and select the **Activity List** for the desired client. Select **Consent** from the menu.
4. **Review Existing Consents:** There may be several consents already on record. Review any existing consents to see if they will suffice. Ensure they have not been revoked. If it has been revoked, it will be noted in **Status**.
5. Once you have determined that you need to create a new consent, use the **Add New Client Consent Record** hyperlink.

I-SMART User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1

September 2007 Ver 1
Diagnostics Print View Logout

Client Consent List [Add New Client Consent Record](#)

Start Date	Disclosed To	Status	Signed?	Actions
3/16/2007	Administrative Agency	Active	Yes	Review

Home Page
Agency ▶
Group List ▶
Client List ▼
Client Profile ▶
Non-Episode Contact
Activity List ▼
Intake
Wait List
Treatment Team
Assessments ▶
Crisis and Placement ▶
Admission ▶
Program Enroll ▶
Notes ▶
Treatment ▶
Outcomes ▶
Discharge ▶
Follow Up ▶
Consent
Referrals

Consent, Referral, and Wait List

Consent

6. **Entities with Disclosure Agreements:** This is a drop down list of the Agencies for which an Agency Disclosure Agreement has been created in the **Agency List/Relationships/Disclosure** screen. If you select an agency from this list, it will pre-fill the **Disclosed to Agency** and the bodies of consented data in the **Disclosure Selections**.
7. The client may disallow access to any body of data by de-selecting the item. Simply select the item then click on the left pointing arrow to move the selection(s) to the left-hand box
8. **Disclosed to Agency:** Select the Agency you intend to send client information. You may only select one at a time. You will have to create another consent if you wish to send information to a second agency.
9. If the agency you are disclosing information to is another provider that uses I-SMART, they will be able to see this client's record as soon as you complete and save the consent record.
10. If it becomes necessary to share information with entities which are not listed in the drop down box, you may select the "Not System Agency" and type in the name of the individual or agency in the **Disclosed to Entity** box.
11. **Consent Date:** The consent date defaults to the current date. If the consent has been granted earlier, and is on file, I-SMART allows you to change the date in this field.

I-SMART User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 6711058787 | Case #: 1
 September 2007 Ver 1
 Diagnostics Print Report Print View Logout

Client Disclosure Agreement
Note: Consented information may not be redisclosed.
 Client Name: Example, Manual
 Client ID: 6711058787
 Disclosed From Agency: Iowa Dept. of Public Health

Entities with Disclosure Agreements: Administrative Agency
 Disclosed To Agency: Administrative Agency
 Disclosed To Entity (Non System Agency):
 Purpose for disclosure: Case Management

Consent Date: 3/16/2007
 Has the client signed the paper agreement form: No

Client Information Options: [Empty]
 Consent Expires Upon: [Empty]
 Disclosure Selection:
 Admission (UD, +100)
 Behavioral Health Assessment (UD, +100)
 Client Information (Profile) (UD, +100)
 Client Screening (UD, +100)
 Discharge (UD, +100)
 GPRA Assessment (UD, +100)
 IDHA/DASA ATR Screen II (UD, +100)
 Intake Transaction (UD, +100)
 Mental Status Report (UD, +100)
 RSS Plan Goal (UD, +100)
 SASSI Scores (UD, +100)

Other Disclosures: None

Buttons: Cancel Save Finish

I-SMART User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 6711058787 | Case #: 1
 September 2007 Ver 1
 Diagnostics Print Report Print View Logout

Client Disclosure Agreement
Note: Consented information may not be redisclosed.
 Client Name: Example, Manual
 Client ID: 6711058787
 Disclosed From Agency: Iowa Dept. of Public Health

Entities with Disclosure Agreements: [Empty]
 Disclosed To Agency: Non System Agency
 Disclosed To Entity (Non System Agency): Client's Mother
 Purpose for disclosure: Case Management

Consent Date: 3/16/2007
 Has the client signed the paper agreement form: No

Client Information Options:
 Behavioral Health Assessment
 Client Information (Profile)
 Client Screening
 Discharge
 GPRA Assessment
 IDHA/DASA ATR Screen II
 Intake Transaction
 Mental Status Report
 RSS Plan Goal
 SASSI Scores
 TAP Assessment

Consent Expires Upon: [Empty]
 Disclosure Selection:
 Admission (UD, +60)
 Treatment Plan (UD, +60)

Other Disclosures: None

Buttons: Cancel Save Finish

Consent, Referral, and Wait List

Consent

- Has the Client Signed the Paper Agreement Form?** : The client may have given verbal permission, but has not yet signed the form. Indicate whether or not a signed paper record of the consent is on file. You should not transfer any data until the paper form has been signed and recorded.
- Generate Consent Form:** To obtain a signature, you may use the Print Report icon in the icon bar. It will generate a PDF form which may be printed for signature. After obtaining the signature, you may select **Yes** for **Signed?**.

Consent, Referral, and Wait List

Consent

14. **Regulations:** The client must have the option to consent to various bodies of data, without disclosing ALL data.
15. **Consent Options:** An expiration date must be associated with EACH body of data selected for consent. Select the Option in the left hand box. Then using the radio buttons for either **Discharge (UD)** or **Date Signed (DS)**, choose the appropriate date option. You must then choose how many days past either the Date Signed or Discharged the consent will be good for. Click on the right pointing arrow to move the selections to the right hand box. (See Basic Elements Training module for more information on how to use this control to make selections.)
 - a. **Discharge-** The consent will expire based on the date of discharge + the number of days entered.
 - b. **Date Signed-** The consent will expire based on the Consent Date + the number of days entered.
 - c. Example shows expiration dates set based on both **Discharge** and **Date Signed**.

I-SMART User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1

September 2007 Ver 1
Diagnosics Print Report Print View Logout

Client Disclosure Agreement

[Create Referral Using this Disclosure Agreement](#)

Note: Consented information may not be redisclosed.
Client Name: Example, Manual
Client ID: 6711058787
Disclosed From Agency: Iowa Dept. of Public Health

Entities with Disclosure Agreements: [Dropdown]
Disclosed To Agency: Non System Agency [Dropdown]
Disclosed To Entity (Non System Agency): Client's Mother [Text]
Purpose for disclosure: Case Management [Dropdown]

Consent Date: 3/16/2007
Has the client signed the paper agreement form: No [Dropdown]

Client Information Options **Consent Expires Upon**

Behavioral Health Assessment	<input type="radio"/> Discharge(UD) +Days	>
Client Screening	<input type="radio"/> Date Signed(DS) +Days	<
Discharge		
GPRA Assessment		
IDHA/DASA ATR Screen II		
Intake Transaction		
Mental Status Report		
RSS Plan Goal		
SASSI Scores		
TAP Assessment		
Treatment review		

Disclosure Selection

- Admission (UD, +60)
- Client Information (Profile) (DS, 4/15/2007)
- Treatment Plan (UD, +60)

Other Disclosures: None [Dropdown]

Cancel Save Finish

Consent, Referral, and Wait List

Revoking a Consent

- Revocation:** A client may revoke a consent prior to its expiration. For the **Consent** you wish to revoke, click the **Review** hyperlink next to the appropriate consent.
- You will see a **Revoke** button at the bottom of the **Client Disclosure Agreement** screen. Click the **Revoke** button. You will be asked to confirm that you want to revoke the consent. Choose **Yes**.
- The status of the consent will change to **Revoked** in the **Activity List**.
- Revocation is not retro-active. Whatever was already shared between agencies prior to revocation is not subject to non-disclosure.

I-SMART User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1

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Diagnosics Print View Logout

Home Page Agency Group List Client List Client Profile Non-Episode Contact Activity List

Client Consent List

[Add New Client Consent Record](#)

Start Date	Disclosed To	Status	Signed?	Actions
3/16/2007	Administrative Agency	Active	Yes	Review
3/16/2007	Client's Mother	Active	Yes	Review

I-SMART User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1

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Diagnosics Print Report Print View Logout

Home Page Agency Group List Client List Client Profile Non-Episode Contact Activity List Intake Wait List Treatment Team Assessments Crisis and Placement Admission Program Enroll Notes Treatment Outcomes Discharge Follow Up Referrals Episode List System Administration My Settings Reports

Client Disclosure Agreement

[Create Referral Using this Disclosure Agreement](#)

Note: Consented information may not be redisclosed.

Client Name: Example, Manual
Client ID: 6711058787

Disclosed From Agency: Iowa Dept. of Public Health

Entities with Disclosure Agreements

Disclosed To Agency: Administrative Agency
Disclosed To Entity: (Non System Agency)

Purpose for disclosure: Case Management

Consent Date: 3/16/2007

Has the client signed the paper agreement form: Yes

Client Information Options Consent Expires Upon

Discharge Selection:
Admission (UD, +100)
Behavioral Health Assessment (UD, +100)
Client Information (Profile) (UD, +100)
Client Screening (UD, +100)
Discharge (UD, +100)
GPRA Assessment (UD, +100)
IDH/DASA ATR Screen II (UD, +100)
Intake Transaction (UD, +100)
Mental Status Report (UD, +100)
RSS Plan Goal (UD, +100)
SASSI Scores (UD, +100)

Other Disclosures: None

Discharge(UD) +Days
Date Signed(DS) +Days

Finish Revoke

I-SMART User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1

September 2007 Ver 1

Diagnosics Print View Logout

Home Page Agency Group List Client List Client Profile Non-Episode Contact Activity List

Client Consent List

[Add New Client Consent Record](#)

Start Date	Disclosed To	Status	Signed?	Actions
3/16/2007	Administrative Agency	Revoked	Yes	Review
3/16/2007	Client's Mother	Active	Yes	Review

Consent, Referral, and Wait List

Consent to Referral

20. Once you have created a signed consent, you may associate the consent with a referral. Use the review button to select the consent agreement.
21. The **Client Disclosure Agreement** screen allows you to create a referral for the client using the **Create Referral Using the Disclosure Agreement** hyperlink. It will take you to the **Client Referral** screen, pre-populating many of the fields.

See Next Page For Creating A Referral

I-SMART User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 6711058787 | Case #: 1

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Home Page
 Agency ▶
 Group List ▶
 Client List ▼
 Client Profile ▶
 Non-Episode Contact

Client Consent List [Add New Client Consent Record](#)

Start Date	Disclosed To	Status	Signed?	Actions
3/16/2007	Administrative Agency	Revoked	Yes	Review
3/16/2007	Client's Mother	Active	Yes	Review
3/16/2007	Test Agency IDPH	Active	Yes	Review

I-SMART User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 6711058787 | Case #: 1

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 Notes ▶
 Treatment ▶
 Outcomes ▶
 Discharge ▶
 Follow Up ▶
 Consent
 Referrals

Client Disclosure Agreement [Create Referral Using this Disclosure Agreement](#)

Note: Consented information may not be redisclosed.
 Client Name: Example, Manual
 Client ID: 6711058787
 Disclosed From Agency: Iowa Dept. of Public Health

Entities with Disclosure Agreements
 Disclosed To Agency Test Agency IDPH
 Disclosed To Entity (Non System Agency)
 Purpose for disclosure Case Management

Consent Date 3/16/2007
 Has the client signed the paper agreement form Yes

Client Information Options
 Consent Expires Upon
 Discharge(LD) +Days
 Date Signed(DS) +Days

Disclosure Selection
 Admission (DS, 9/12/2007)
 Behavioral Health Assessment (DS, 9/12/2007)
 Client Information (Profile) (DS, 9/12/2007)
 Client Screening (DS, 9/12/2007)
 Discharge (DS, 9/12/2007)
 Intake Transaction (DS, 9/12/2007)
 TAP Assessment (DS, 9/12/2007)
 Treatment Plan (DS, 9/12/2007)

I-SMART User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 6711058787 | Case #: 1

September 2007 Ver 1

Home Page
 Agency ▶
 Group List ▶
 Client List ▼
 Client Profile ▶
 Non-Episode Contact
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 Admission ▶
 Program Enroll ▶
 Notes ▶
 Treatment ▶
 Outcomes ▶
 Discharge ▶
 Follow Up ▶
 Consent
 Referrals

Client Referral for Example, Manual

Referred By
 Agency Iowa Dept. of Public Health
 Facility Test Facility
 Staff Member Cleland, Lonnie
 Program
 State Reporting Category
 Reason
 If Other
 Is Consent Verification Required?
 Is Consent Verified?
 Continue This Episode of Care?

Referred To
 Signed Consents Test Agency IDPH
 Agency Test Agency IDPH
 Facility
 Staff Member
 Program
 State Reporting Category
 Non-System Agency
 Non-System Modality
 Non-System Specifier
 Appt Date Undetermined

Consents Granted
 Consent Date: 3/16/2007
 Disclosure Domains:
 Admission (DS, 9/12/2007)
 Behavioral Health Assessment (DS, 9/12/2007)
 Client Information (Profile) (DS, 9/12/2007)
 Discharge (DS, 9/12/2007)
 Intake Transaction (DS, 9/12/2007)

Comments
 Referral Status Referral Created/Pending
 Projected End Date
 Created Date 10/16/2007 3:44 PM

Cancel Save Finish

Consent, Referral, and Wait List

22. **Referred To** - Select the **Signed Consents**, **Agency** and **Facility** from the drop-down box. If you are referring to a specific staff at that Agency, select the name of the **Staff Member** from the drop-down box. When selecting an agency from the **Signed Consents** drop down, it will populate the **Consents Granted** box.
23. **Note:** A signed Consent is required before sending a referral since you are disclosing the identity of the client through the referral. If no consent exists, you must go back to the consent screen and create one.
24. Select a **Program** to which you are referring and **State Reporting Category** will get populated.
25. You may provide **Comments**. Click **Finish** when done.
26. If you are sending the referral to an I-SMART agency, once you complete and **Save** the **Client Referral** screen, the facility to which you have referred the client will see the referral appear in their **Referrals In** screen under **Agency> Referrals In**. Similarly, referrals sent to you by another using I-SMART using agency can be seen in your **Referrals In** screen.
27. You will see referrals you have made in your **Agency List/Referral Out** screen.

I-SMART User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 6711058787 | Case #: 1
 September 2007 Ver 1
 Diagnostics Print View Logout

Client Referral for Example, Manual

Referred By

Agency: Iowa Dept. of Public Health
 Facility: Test Facility
 Staff Member: Cleland, Lonnie
 Program: [Dropdown]
 State Reporting Category: [Dropdown]
 Reason: Level of care not available at this faci [Dropdown]
 If Other: [Text]
 Is Consent Verification Required?: Yes [Dropdown]
 Is Consent Verified?: Yes [Dropdown]
 Continue This Episode of Care?: No [Dropdown]

Referred To

Signed Consents: Test Agency IDPH [Dropdown]
 Agency: Test Agency IDPH [Dropdown]
 Facility: Test Facility 1 [Dropdown]
 Staff Member: [Dropdown]
 Program: Test Program 1 [Dropdown]
 State Reporting Category: [Dropdown]
 Non-System Agency: [Dropdown]
 Non-System Modality: [Dropdown]
 Non-System Specifier: [Dropdown]
 Appt Date: [Text] Undetermined

Consents Granted

Consent Date: 3/16/2007
 Disclosure Domains:
 Admission (DS, 9/12/2007)
 Behavioral Health Assessment (DS, 9/12/2007)
 Client Information (Profile) (DS, 9/12/2007)
 Discharge (DS, 9/12/2007)
 Intake Transaction (DS, 9/12/2007)

Comments: [Text Area]

Referral Status: Referral Created/Pending
 Projected End Date: [Text]
 Created Date: 10/16/2007 3:44 PM

Cancel Save Finish

I-SMART User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 6711058787 | Case #: 1
 Diagnostics Print View

Referrals from Test Facility (Export)

Referral Status Codes | **Search Criteria**

Placed/Accepted | Referred Created/Pending
 Referred Terminated
 Refused Treatment
 Rejected by Program

Go

Name	Referral Created Date	Referral Status	Referred To Agency	Referred To Facility	Non System Agency	Referred To
Cleland, Lonnie	5/17/2006	Referral Created/Pending			Client's Mother	
Test, Fix	5/31/2006	Referral Created/Pending	Administrative Agency	Administrative Unit		Extended out
Cleland, Lonnie	6/2/2006	Referral Created/Pending			Client's Mother	
June 2, Test	6/8/2006	Referral Created/Pending	Administrative Agency	Administrative Unit		Extended out
Test, May 15 2006	6/14/2006	Referral Created/Pending	Administrative Agency	Administrative Unit		Extended out
Cleland, Lonnie	6/22/2006	Referral Created/Pending	Administrative Agency	ESP		Continuing ca
Cleland, Lonnie	6/22/2006	Referral Created/Pending	Administrative Agency	Administrative Unit		Not Applicabl
Conrad, Rodney	6/23/2006	Referral Created/Pending	Test Agency IDPH	Test Facility 1		Intensive outp
Cleland, Lonnie	7/13/2006	Referral Created/Pending	Administrative Agency	fsdf		Medically mar
Example, Manual	10/16/2007	Referral Created/Pending	Test Agency IDPH	Test Facility 1		Intensive outp

Consent, Referral, and Wait List

Referral

28. **Entry Steps: Client Profile, Client Intake.**
29. Go to **Client List** and select the desired client. Go to **Activity List** sub-menu and select **Referrals**.
30. **Client Referral List:** To create a new referral from this screen, click on the hyperlink for **Add New Client Referral Record**. This will take you to the **Client Referral** screen.
31. Information about your **Agency, Facility, and Staff Member** will come pre-populated and is read only.
32. **Referred By** - Select the **Reason** for referral, **Is Consent Verification Required**, **Is Consent Verified** and **Continue this Episode of Care?**
 - **Consent Verification Requested?:** This refers to the agreement between your agency and the agency to which you are referring the client. It asks if your agreement requires a paper consent verification.
 - **Consent Verified?:** This states whether consent was verified or not if necessary due to your agency agreement.
 - **Continue this Episode of Care:** Select yes/no as appropriate. Please note: an episode of care can only be continued if a referral is to another program within the facility.

Consent, Referral, and Wait List

Wait List

33. **Entry Steps: Client Profile, Intake.**
34. To place a client on the **Wait List** you must first have entered the **Client Profile** and **Intake**.
35. Select the client from the **Client List**, and click **Activity List**. You will see the **Wait List** option in the menu. Click this to launch the **Wait List** screen.

I-SMART User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1
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Client Wait List for Example, Manual

Agency: Iowa Dept. of Public Health
Facility: Test Facility
Select Program: [Dropdown]
Select Staff: [Dropdown]
Modality: [Dropdown]
Wait Start Date: 3/16/2007
Wait End Date: [Text]
Added to Wait List By: Cleland, Lonnie

Dually Diagnosed? [Dropdown] Assistance Needed to Place This Client: [Dropdown]
Patient is Injecting: No Referred to Interim Services: [Dropdown]
Patient is Pregnant: No HIV Positive: [Dropdown]
Due Date: [Text]

Removed From Wait List By: [Dropdown]
Reason: [Text]
Comments: [Text]

[Admit Client](#)

Cancel Save Finish

Consent, Referral, and Wait List

Wait List

36. **Select Program:** The client must be put on the wait list for a specific program. Select the program, and the modality will populate.
37. **Select Staff:** If you want to place the client on the wait list for a specific staff member select that person from the drop down list.
38. **Date:** The date will default to the current date, this can be changed as needed.
39. **Added to Wait List By:** This will default to the user logged into the system. It may be changed as needed.
40. **Dually diagnosed, Pregnant, HIV+.** : Special conditions may affect the facility, program, staff selection and criticality of treatment. Many of these values pre-populate from the Intake screen.
41. **Assistance Needed to Place this Client:** This will indicate if assistance is needed to place this client in another program.
42. If the client gets enrolled in the same program as he/she was waiting for, the system will take them off the wait list. If the client needs to be removed from the wait list for any other reason, go to the **Wait List** screen and complete the **Wait End Date**, **Removed from Wait List by** and **Reason** fields and provide any additional details in the comments box.

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Client Wait List for Example, Manual

Agency: Iowa Dept. of Public Health
 Facility: Test Facility
 Select Program: Relapse Group
 Select Staff:
 Modality: 19-Extended outpatient
 Wait Start Date: 9/1/2007
 Wait End Date: 9/20/2007
 Added to Wait List By: Cleland, Lonnie

Dually Diagnosed? Assistance Needed to Place This Client
 Patient is Injecting: No Referred to Interim Services
 Patient is Pregnant: No HIV Positive
 Due Date:

Removed From Wait List By: Prier, Deb
 Reason: Declined to Wait
 Comments:

[Admit Client](#)

[Cancel](#) [Save](#) [Finish](#)

I-SMART User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
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Client Waiting List

[Put Client on Waiting for Another Program](#)

Full Name	Program	Staff	Pregnant	Due	Dual Diag.	HIV	IV Drugs	Interim Ser	Placement Asst	Start Date	Actions
Example, Manual	Relapse Group		No			No				9/1/2007	Review
Example, Manual	Intensive Out Patient		No			No				3/20/2007	Review

I-SMART Training Manual

This training document focuses on the elements required to Discharge a client.

Discharge

- Discharge
- Legal Status
- Diagnosis
- Substance Abuse
- Treatment Summary
- Client Satisfaction

August 2008

Discharge

Discharge

- Entry Steps: Client Profile, Intake, Admission.**
- You have completed the **Client Profile, Intake, Admission, Notes, Treatment Plans**, and possible other activities in this client file. Go to **Client List** and select the client of interest.
- If you have not yet ended the client's program enrollment, you should do that now. If you click on the **Discharge** menu item, I-SMART will take you to the **Program Enrollment** screen automatically to end the client enrollment. Otherwise, go to the **left-hand** menu and select **Discharge**. You will be placed in the **Discharge/Discharge Profile** screen, the first of 3 discharge screens.
- Client Identity:** The selected client will be identified at the top of the **Discharge** screen.
- Profile:** The system will populate the **Discharge Date** with both the **Discharged** date (current date) and the **Date of Last Contact** (clinical contact). You may override this date by manually typing in another date.
- Past IV User** field will become required depending upon which discharge **Reason** is selected. Required fields in the **Discharge** module are determined by the **Reason**.
- ASAM Criteria:** For each dimension, the level of care and level of risk determined at **Intake** will be in read-only format. Provide the **Level of Care** and Level of Risk determination at *discharge* for each dimension.

Case Status: All Clients Clear Go

Client List [\(Export\)](#) [Add Client](#)

Client ID	Full Name	DOB	SSN	Gender	Actions
7201015821	Dough, Jane	1/1/1972	695-87-5821	Female	Profile Activity List
5510091212	Erup, Phil	10/9/1955	000-00-1212	Male	Profile Activity List
6711058787	Example, Manual	11/5/1967	999-04-8787	Male	Profile Activity List
5001014321	for address info, test	1/1/1950	987-65-4321	Male	Profile Activity List
6610090000	Guy, Crisis	10/9/1966	000-00-0000	Male	Profile Activity List
5701230101	Johnson, Joellen	1/23/1957	011-01-0101	Female	Profile Activity List
8405064444	Johnson, Sallie	5/6/1984	444-00-4444	Female	Profile Activity List

Clients with Consents from Outside Agencies

I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Example, Manual | 6711058787 | Case #: 1

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Discharge Profile for Example, Manual

Discharged: 6/30/2006 Date of Last Contact: 2/4/2006 Past IV User: No

Discharge Staff: Cleland, Lonnie Discharge Referral: []

Reason: 21-Completed Treatment - Treatment Plan Completed

Disposition: []

ASAM Criteria

Dimension	Level of Risk	Level of Care	Comments
1 - Acute Intoxication and/or Withdrawal Potential	At Intake 2	I,0	Testing
2 - Biomedical Conditions and Complications	At Intake		
3 - Emotional, Behavioral, or Cognitive Conditions and Complications	At Intake		
4 - Readiness to Change	At Intake		
5 - Relapse, Continued Use, or Continued Problem Potential	At Intake		
6 - Recovery / Living Environment	At Intake		

Cancel Save Finish Next

Discharge

Legal History

- This screen allows the user to enter discharge information regarding the client's previous and current legal status.
- Legal History:** Select the appropriate values from the **Legal Status** box and click the right pointing arrow. This will place your selection in the **Selected Legal Status** box. To remove a selection from the **Selected Legal Status** box highlight the selection and click the left pointing arrow.
- State-Required text boxes:** Indicate the number of incidences as appropriate to the question by typing in a number in the appropriate text box.
- Click **Next** to proceed to **Status Changes**.

The screenshot shows the I-SMART web application interface. The browser title is "I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health". The user is identified as "Cleland, Lonnie" and the client as "Example, Manual | 6711058797 | Case #: 1". The page title is "Client Discharge for Example, Manual" and the sub-section is "Legal History".

The "Legal Status" section contains a list of options: "None/No Involvement", "No Response", "Commitment", and "Court order for observation and evaluation". A right-pointing arrow is used to move a selection to the "Selected Legal Status" box. Below this are several text boxes for recording arrest information:

- # of Arrests in Lifetime:
- # of Arrests in Past 30 Days:
- Number of arrests since admission due to:
 - OWI:
 - Non-Drug/Alcohol Related Crime While Under the Influence:
 - Non-Drug/Alcohol Related Crime While NOT Under the Influence:
 - Drug/Alcohol Related Crime:
- Total # of Arrests Since Admission:

At the bottom right, there are navigation buttons: "Cancel", "Save", "Finish", "Previous", and "Next". A sidebar on the left contains a menu with options like "Home Page", "Agency", "Group List", "Client List", "Client Profile", "Non-Episode Contact", "Activity List", "Intake", "Wait List", "Treatment Team", "Assessments", "Crisis and Placement", "Admission", "Program Enroll", "Notes", "Treatment", "Outcomes", "Discharge", "Profile", "Legal Status", "Substance Abuse", "Tx Summary", "Client Satisfaction", "Diagnosis", "Follow Up", "Consent", and "Referrals".

Discharge

Status Changes

11. This screen allows the user to compare admission and discharge information for various domains of information. The status at admission is pre-populated from the admission module. Complete all the information for the **Status At Discharge** by selecting the appropriate response from the drop down or entering the response in the text box.
12. Click **Next** to go to the **Substance Abuse** screen.

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Client Discharge for Example, Manual

Status Changes Since Admission

Status At Admission	Status At Discharge
Pregnant No	Pregnant No
Relationship Status 2-Married	Relationship Status 2-Married
Living Arrangement 13-With significant other alone	Living Arrangement 13-With significant other alone
Employment Status E01-Employed Full Time	Employment Status E01-Employed Full Time
Occupation 1-Professional/Managerial	Occupation 1-Professional/Managerial
Primary Income Source 11-Wages/Salary	Primary Income Source 11-Wages/Salary
Client's Monthly Gross \$5,000.00	Client's Monthly Gross \$5,000.00
# of Months Employed 6	# of Months Employed Since Admission to TX 6
# of Missed Work/School Days Due to SA Related Problems 0	# of Missed Work/School Days Since Admission to TX Due to SA Related Problems 0
Enrolled In Education	# of Days Attended AA/NA/Similar Meetings in Last 30 Days 0
# of Days Attended AA/NA/Similar Meetings in Last 30 Days 0	Times Hospitalized Since Admission to TX Due to SA Related Problems 0
Times Hospitalized Due to SA Related Problems 0	County of Residence 13-Calhoun
County of Residence Calhoun	Education 15-15 Years
Education 15 Years	Veteran Status 0-None
Veteran Status None	# of Children Under 17 Living or not Living With Client 6
# of Children Under 17 Living or not Living With Client 6	# of Children Spent Last 6 Months Living With Client 0
# of Children Spent Last 6 Months Living With Client 0	Children Living With someone Else Because of Protection Order No
Children Living With someone Else Because of Protection Order No	

Cancel Save Finish Previous Next

Discharge

Substance Abuse

- This screen is used to capture the substances abused by the client at time of discharge. The **Primary** and **Secondary** substances will be pre-populated from the **Admission** Module. Edit the **Frequency**, and **Method** to reflect the status at **Discharge**. If the client is using any other substance at the time of discharge document it in the **Tertiary** category.
- Complete other required fields as needed. Click **Next** to go to the **Treatment Summary** screen.

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User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 0711058767 | Case #: 1

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Client Discharge for Example, Manual

Substance Abuse

Rank	Substance	Severity	Frequency	Method
Primary:	21-Alcohol		10-No use in the past mo	1-Oral
Secondary:	00-None	N/A	N/A	N/A
Tertiary:	00-None	N/A	N/A	N/A

Was the Substance prescribed to the client? Primary: No Secondary: N/A Tertiary: N/A

Was Methadone Maintenance Part of TX: No Other Addictions: 3-Compulsive Disorder, 4-Eating Disorder, 5-Gambling, 6-Other Selected Other Addictions: 0-None

Does Client Currently Use Tobacco: 0-No Tobacco Use Daily Freq of Cigarette Use: No cigarette use

Discharge Parameters

Discharge Status: Treatment
Post-Discharge Case Management: # of Days:
Prognosis:
Was a family member involved:
Was Concerned Person Involved: Yes
Codependent/Collateral:
Did IDPH Pay For Any Portion of Tx: No
Did Medicaid Pay For Any Portion of Tx: No
As a Result of Evaluation, Was Psychiatric Problem Determined: No
Psychiatric Follow-up:

Cancel Save Finish Previous Next

Discharge

Treatment Summary

15. The **Presenting Problem** will pre-populate from the Intake module.
16. Complete the field on **Strengths, Abilities, Needs...** as appropriate.
17. The summary of **Program Enrollment** will pre-populate with the information entered in the **Program Enrollment** screen in the **Admission** module.
18. **Services Rendered** will pre-populate with the information entered in the **Encounter/Planned Services** module.
19. Complete the **Recommendations** field as appropriate.
20. Click **Next** to go to the **Client Satisfaction** screen.

I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

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Client: Example, Manual | 6711058787 | Case #: 1

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Client Discharge for Example, Manual

Treatment Summary

Presenting Problem (In Client's Own Words): I got arrested for OWM.

Strengths, Abilities, Needs, and Preferences of Person Served - Client Statement Regarding Progress

Program Enrollment

Program Name	Start Date	End Date	Facility	Notes
Assessment test	1/2/2006	1/2/2006	Test Facility	
Extended Outpatient	1/3/2006	10/24/2007	Test Facility	

Services Rendered

Service	# of Sessions
Group psychotherapy (other than multi-family group)	1
Individual Psychotherapy - Insight Oriented	1
Psychiatric diagnostic interview examination	1

Recommendations

Referral to aftercare.

Cancel Save Finish Previous Next

Discharge

Client Satisfaction

21. Select the appropriate client opinion response from each of the drop down fields. Provide additional details in the comments box if necessary.
22. Click **Finish** to return to the **Activity List**.

I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058707 | Case #: 1

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Client Discharge for Example, Manual

Client Satisfaction at Discharge

In client's opinion, how beneficial was our counseling?

Overall	Beneficial	Comments	
Individual	Beneficial	Comments	
Family	Did Not Receive	Comments	
Group	Beneficial	Comments	
Educational	Did Not Receive	Comments	

Cancel Save Finish Previous Next

- Home Page
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- Group List ▶
- Client List ▼
- Client Profile ▶
- Non-Episode Contact
- Activity List ▼
- Intake
- Wait List
- Treatment Team
- Assessments ▶
- Crisis and Placement ▶
- Admission ▶
- Program Enroll ▶
- Notes ▶
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- Outcomes ▶
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- Profile
- Legal
- Status
- Substance Abuse
- Tx Summary
- Client Satisfaction**
- Diagnosis
- Follow Up ▶
- Consent
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- System Administration ▶
- My Settings ▶
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Admission

Client Diagnosis

23. **Select Primary Diagnosis:** If you know the diagnostic code, you can choose the appropriate diagnosis by clicking the drop down field. Then hold down the number of the code to scroll to the proper selection. For example, the client's diagnosis is 303.90. Simply click on the field and hold the 3 key down until the desired selection scrolls into view. Select **Secondary** and **Tertiary** diagnoses in this same manner.
 23. **Note:** If a diagnosis was entered in the Crisis or Placement Screening preceding this discharge, it will not be brought forward to populate this screen.
24. In this same manner, enter the appropriate **Priority (Primary, Secondary, or Tertiary)** for each diagnosis you enter.
25. To add diagnostic codes to the Axes, click the **Edit Axis Evaluation** hyperlink. This will open the **Axis Evaluation** screen. You can then choose the appropriate diagnosis to add to each axis. For example, Choosing Alcohol Dependence and clicking the **Add to Axis** hyperlink in the Axis I box adds this diagnosis to Axis I.
26. In this same way, you can continue adding to either Axis I or the other Axes as desired.
27. **Finish** will take you back to the Client Diagnosis screen with diagnoses added to each axis.

***I-SMART* Training Manual**

This training document focuses on the elements of creating a client Follow Up.

Follow Up

August 2008

Follow Up

Follow Up

1. **Getting here:** Click on the main menu item **Follow Up**. I-SMART will not allow any follow ups to be done unless there is 180 days between the date of discharge and the date of follow up. If this condition is met, clicking on the Follow Up item will open the **Follow Up Q1-Q8** screen.
2. As with other modules, required fields are dependent upon what conditions are entered for the client's activity. The example at right shows that the client interview was completed. Had your response to the **Follow Up interview completed** field been "Unable to locate client," no fields would have been required.
3. Complete all required fields.

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Admission ▶
Program Enroll ▶
Notes ▶
Treatment ▶
Outcomes ▶
Discharge ▶
Follow Up ▼
Q1 - Q8
Q9 - Q16
Q17 - Q25
Consent
Referrals
Episode List
System Administration ▶
My Settings ▶
Reports

Follow Up: Q1-Q8

First Name: Manual **Last Name:** Example **I-SMART ID #:** 6711058787
Gender: Male **Date of Birth:** 11/5/1967
Home Address: 1234 Dedoor Des Moines, IA 50300 **Home Phone:** (555) 555-5555

[View Client Profile](#)

1. Follow up demographics:
- Contact date: 12/31/2006
- Completion date: 8/20/2007
- Counselor: Cleland, Lonnie

2. Follow up interview completed: Interview completed

3. County of residence: 05-Audubon

4. Pregnant (at follow up): No

5. Living arrangement: 11-Alone

6. Marital status: 2-Married

7. Education: 17-17 Years

8. Employment Status: E01-Employed Full Time

Cancel Save Finish Next

I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

I-SMART User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1

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Q1 - Q8
Q9 - Q16
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Reports

Follow Up: Q9-Q16

9. Occupation: 1-Professional/Managerial

10. Primary income source: 12-Family/Friends

11. Months employed since discharge from treatment: 6

12. Days of work or school missed due to substance abuse-related problems since your Discharge from treatment: 0

13. Client's monthly gross income: 4000

14. Times hospitalized since your discharge from treatment (due to a substance abuse related problem): 0

15. Times arrested since your discharge from treatment: 0

- Operating a motor vehicle while intoxicated: 0
- Non-drug or alcohol-related crime while under the influence: 0
- Non-drug or alcohol-related crime while not under the influence: 0
- Drug or alcohol-related crime: 0

16. Number of arrests within the last 30 days: 0

Cancel Save Finish Previous Next

Follow Up

Follow Up

4. Finish will take you to the Activity List screen.

I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1

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Q1 - Q8
Q9 - Q16
Q17 - Q25
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Reports

Follow Up: Q17-Q25

17. Number of days attended AA, NA, or similar meetings per month since your discharge from treatment

18. Use at time of Follow up:
- Primary substance problem - Frequency
- Secondary substance problem - Frequency

19. In the client's opinion, how beneficial was our counseling:
- Individual counseling - Family counseling
- Group counseling - Education counseling
- Overall rating

20. Follow up interview completed with

21. Have you been admitted to another alcohol/drug agency since discharge from our agency

22. Follow up type of interview

23. Last substance abuse environment

24. Number of substance abuse admissions to other agencies since discharge from our agency

25. Months since last discharge (if admitted to another treatment program after discharge from our program)

5. The Activity List screen now shows a completed Follow Up.

I-SMART - Microsoft Internet Explorer provided by Iowa Dept. of Public Health

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Loc: Iowa Dept. of Public Health, Test Facility
Client: Example, Manual | 6711058787 | Case #: 1

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I-SMART

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Reports

Client Activity List

Activity	Activity Date	Created Date	Status	Actions
Client Information (Profile)	1/1/2006	8/8/2007	Completed	Review
Intake Transaction	1/1/2006	8/8/2007	Completed	Review
Placement Screening	1/1/2006	8/8/2007	Completed	Review
Client Program Enrollment (Assessment test)	1/2/2006	8/20/2007	Completed	Review
Crisis Intervention	1/2/2006	8/20/2007	Completed	Review
Admission	1/3/2006	8/20/2007	Completed	Review
Treatment Plan (First Plan)	1/3/2006	8/20/2007	Completed	Review
Client Program Enrollment (Extended Outpatient)	1/3/2006	8/20/2007	Completed	Review
Encounter	1/3/2006	1/1/2006	Not Applicable	Review
Treatment Plan (First Plan)	1/22/2006	8/22/2007	Completed	Review
Treatment Plan (Third Plan)	1/27/2006	9/20/2007	Completed	Review
Discharge	6/30/2006	8/20/2007	Completed	Review
Treatment review (1/27/2007 - 2/27/2007)	2/27/2007	9/24/2007	Cancelled	Review
Consent (Administrative Agency)	3/16/2007	10/16/2007	Revoked	Review
Consent (Client's Mother)	3/16/2007	10/16/2007	Completed	Review
Consent (Test Agency IDPH)	3/16/2007	10/16/2007	Completed	Review
Consent (Administrative Agency)	3/16/2007	10/16/2007	Completed	Review
Waitlist	3/20/2007	9/20/2007	Completed	Review
TAP Assessment (Intake)	8/8/2007	8/8/2007	Completed	Review
Miscellaneous Note	8/20/2007	5/2/2006	Not Applicable	Review
Follow Up	8/20/2007	8/20/2007	Completed	Review
Waitlist	9/1/2007	9/20/2007	Completed	Review
Treatment review (1/1/2007 - 10/1/2007)	9/24/2007	9/24/2007	Completed(Changes Applied)	Review Details
Treatment Plan (Third Plan)	10/16/2007	10/16/2007	Completed	Review
Consent (Test Agency IDPH)	10/16/2007	10/16/2007	Completed	Review