

IBHRS User Workflow

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About

Iowa Behavioral Health Reporting System (IBHRS) is a new process required by Iowa to replace CDR. The rules are complex, but NextStep is committed to making it as easy as possible while still adhering to the strict structure. This article contains instructions on how to document for your clients to report to IBHRS. For additional resources and webinars from Iowa Department of Public Health, click [here](#).

The *basic* IBHRS workflow structure is as follows (though there are exceptions to every rule):

- **Pre-Admission:** Treatment Episode → Performance Outcome Measures (POM) (the Pre-Screening section) → Care Status(es) within this Treatment Episode (Care Status Pre-Admission)
- **Admission:** Treatment Episode → POM → Care Status(es) within this Treatment Episode
- **Transfer:** Care Status → POM
- **Discharge:** Care Status → Treatment Episode Discharge

Frequently used terms and their meanings:

- **Link/Linked:** A required field which lists certain Forms and their dates of service.
- **Treatment Episode:** An IBHRS term denoting the start and end of billable IBHRS Services.
- **Care Status:** An IBHRS term for Episode of Care, nested under a Treatment Episode.
- **Program Type:** An IBHRS term for the type of Care Status, for example SUD. IBHRS Program Type is much more narrowly-defined than what NSS considers to be a Program.
- **Program:** A NextStep term for programs selected on the client's Face Sheet.
- **Level of Care:** An IBHRS term not to be confused with NextStep's term for Program.
- **Discharge:** Closure of the Treatment Episode, not to be confused with the NextStep definition of discharge, which is a full case closure.

Jump to:

Intake Workflow

You will be required to make selections on the Face Sheet for new clients and existing CDR clients for IBHRS. The intake workflow for these two scenarios can be found after the IBHRS fields list.

Fields for IBHRS on Face Sheet:

- Current Residence section:
 - County



Note: When the Homeless? checkbox is selected, the County is required.

- IBHRS Specific Fields section:
 - Gender at Birth
 - Gender Identity
 - Sexual Orientation
 - Ethnicity
 - Primary Race
 - Secondary Race

Current Residence

Homeless?

Address:

Address Line 2:

City:

County: (Home) (Business) (Cell)

State: Zip Code:

Phone: (Home) (Business) (Cell)

Email:

Communication Preference:

IBHRS

Gender at Birth
Female

Gender Identity
Woman

Sexual Orientation
Refused

Ethnicity
Not of Hispanic or Latino origin

Primary Race
White

Secondary Race
Select a value

New Client:

1. Create a Face Sheet and complete the **IBHRS fields** listed above.
2. Admit the client to an **IBHRS program**.
 - Your Agency may have a Pre-Admission/Screening program.

Existing CDR Client:

See: [IBHRS Discharge Workflow for CDR Episodes](#)

IBHRS Admission Forms

Below you will find a list of the Forms associated with IBHRS and what order they should be completed in.

Note: If the Form Categories feature is enabled, the new IBHRS Forms will be displayed under the Misc category.

CHOOSE FORM:		FORM STATUS:
<input type="radio"/>	<i>IBHRS Care Status</i>	<i>Not Yet Started</i>
<input type="radio"/>	<i>IBHRS Discharge Treatment Episode</i>	<i>Not Yet Started</i>
<input type="radio"/>	<i>IBHRS Performance Outcome Measures</i>	<i>Not Yet Started</i>
<input type="radio"/>	<i>IBHRS Special Initiative</i>	<i>Not Yet Started</i>

1. **IBHRS Treatment Episode Form:** This Form is used to gather basic details about the client's Treatment Episode and is completed after a client's Face Sheet is added or updated with IBHRS fields.
 - Assessment Form: This Form is used to **open** an IBHRS Treatment Episode. Since this is an Assessment Form, it will appear on your Reminders List. **Clinical Forms > Assessment Forms > Misc > IBHRS Treatment Episode.**
 - Unscheduled Form: This Form is used to **close** an IBHRS Treatment Episode (see [IBHRS Discharge Process](#) for more details). **Clinical Forms > Unscheduled Forms > Misc > IBHRS Discharge Treatment Episode.**

IBHRS TREATMENT EPISODE		
* Date of Service		
<input type="text" value="mm/dd/yyyy"/>		
* Service Location		
<input type="text" value="NextStep"/>		
First Contact Date	<input type="text" value="mm/dd/yyyy"/>	
Treatment Episode Open Date	<input type="text" value="mm/dd/yyyy"/>	
Concerned person	<input type="text" value="Select a value"/>	
Referral source	<input type="text" value="Select a value"/>	
Allowed to contact client	<input type="text" value="Select a value"/>	
Scheduled Admission Date	<input type="text" value="mm/dd/yyyy"/>	
IV use in the past 30 days	<input type="text" value="Select a value"/>	
Pregnant at first contact	<input type="text" value="Select a value"/>	
FORM UPDATES		
Name	Date	Action
NextStep Solutions	8/4/2021 10:17:53 AM	Form Started

2. **IBHRS Performance Outcome Measures (POM) Form:** This Form is completed only after the Treatment Episode Form. The POM is a "deep dive" into your client's behavioral health history. A minimum of one POM must be completed with the first **Care Status Change**, which is the next Form.

- Assessment Form: Since this is an Assessment Form, it will appear on your Reminders List. **Clinical Forms > Assessment Forms > Misc > IBHRS Performance Outcome Measures.**
- Unscheduled Form: Only used in case the client's POM must be updated (See **IBHRS Updates/Transfer Process** for more details). **Clinical Forms > Unscheduled Forms > Misc > IBHRS Performance Outcome Measures.**

IBHRS PERFORMANCE OUTCOME MEASURES	
* Date of Service	
<input type="text" value="mm/dd/yyyy"/>	
CLIENT DETAILS	
Pregnant?	<input type="text" value="Select a value"/>
Pregnant Last 12 Months?	<input type="text" value="Select a value"/>
Days Gambled in Past 30 Days?	<input type="text"/>
Days Substance Used Past 30 Days	<input type="text"/>
PRESCREENING	
# Days Gambling Last 12 Months	<input type="text"/>
# Days Binge Drinking Past 12 Months	<input type="text"/>
# Days Illicit or Prescription Drugs Last 12 Months	<input type="text"/>
Mental Health Concern Past 12 Months	<input type="text" value="Select a value"/>
Tuberculosis Risk Code	<input type="text" value="Select a value"/>
Suicide Risk Screening Code	<input type="text" value="Select a value"/>
SCREENING RESULTS	
Program Area Code 1	<input type="text" value="Select a value"/>

3. **IBHRS Care Status Form:** This Form is used to create an Episode of Care *within* a client's Treatment Episode. This Form must be linked to a completed Treatment Episode Form and a completed POM Form. This is where a client's **Care Status** is set to **Admitted or Changed**.

- Assessment Form: Since this is an Assessment Form, it will appear on your Reminders List. **Clinical Forms > Assessment Forms > Misc > IBHRS Care Status.**
 - **Form Name** should be **Care Status Admission to *X mm/dd/yy** (*X should be the Program Type, for example, SUD)
 - Select a **Type of care status** as Admission or Pre-Admission.
 - Other Care Statuses (Transfer, Discharge) are done on the Unscheduled Form (see below).

- Select a **Recommended level of care** and **Actual level of care** from the drop-down menus.
- **Unscheduled Form:** Only used if the client's Care Status needs to be updated, or additional Care Status needs to be added (See [IBHRS Updates/Transfer Process](#) and [IBHRS Discharge Process](#) for more details). **Clinical Forms > Unscheduled Forms > Misc > IBHRS Care Status.**

IBHRS CARE STATUS

*** Date of Service**
mm/dd/yyyy

*** Service Location**
NextStep

*** Form Name** status name for ease of linking purposes

*** Treatment Episode Form**

Status Date
mm/dd/yyyy

Type of care status (Admission, Transfer, Discharge)
Select a value

Program type
Select a value

Recommended level of care
Select a value

Actual level of care
Select a value

Clinical Override
Select a value

Prior Substance Use?
Select a value

Prior Substance Use count?

4. **IBHRS Special Initiatives Form:** This Form is completed if the client is part of any special initiatives such as State Opioid Response (SOR) or Women and Children. This Form must be linked to the completed Treatment Episode Form.

- **Unscheduled Form:** This is an optional Form. **Clinical Forms > Unscheduled Forms > Misc > IBHRS Special Initiative.**

IBHRS SPECIAL INITIATIVE

*** Date of Service**
mm/dd/yyyy

Special Initiative
Select a value

Start Date
mm/dd/yyyy

How many children do you have age 17 or less (birth, adopted, stepchildren) whether they live with you or not?

*** Treatment Episode Form**

Create IBHRS Billing Services

Any billable Forms or Notes are used to create a billable IBHRS Service (with the exception of Census billing).

Required IBHRS Billing fields located on a billable Form/Note:

- **Care Status Link:** This drop-down menu contains completed Care Status Forms. Select the Care Status that this billing data applies to.
- **Payment Source:** This is the IBHRS-related funding source for the client. Your Agency's administrators may put this on the Note's header.



Note: It is recommended to remove this field from billable Forms and Notes as this field **wilho longer** be used for exporting. Payment Source information is pulled from the Billing Engine.

- **Site:** This is the physical location where the Service was provided.

Care Status Link	<input type="text"/>
Payment Source	<input type="text"/>
Site	<input type="text"/>



Note: The Site field may be removed if you've added a static Site. See [BHR Static Site Configuration](#) for more details.

- **Billing Data box:** Complete as you normally would.

Date of Service:	<input type="text" value="08/04/2021"/>
Billing Data 1: (Flag this Billing Data for deletion)	
Start Time:	<input type="text"/> (Format: hh:mm AM/PM)
Stop Time:	<input type="text"/> (Format: hh:mm AM/PM)
Activity:	<input type="text"/>
Diagnosis:	<input type="text"/>
Contact Type:	<input type="text"/>
Authorization:	<input type="text"/>
Rendering Provider:	<input type="text"/>

IBHRS Updates/Transfer Process



Tip: It is recommended to complete the Forms in this order if you are filling out more than one of these Forms at a time.

1. **IBHRS Care Status Form:** This Form is used to update or add an Episode of Care *within* a client's Treatment Episode. This Form must be linked to a completed Treatment Episode Form and a completed POM Form. This **Unscheduled Form** is where a **Care Status** would move from **Pre-Admission to Admission**.
 - **Unscheduled Form:** **Clinical Forms > Unscheduled Forms > Misc > IBHRS Care Status.**
 - **Form Name** should be **Care Status Transfer to *X mm/dd/yy** (*X should be the Program Type, for example, SUD)
 - This now becomes the **Care Status Link** you use when filling out the Billing Data fields (see [Create IBHRS Billing Services](#)).



Note: If a Care Status transfer Form is completed and it has been more than 30 days since the last POM, a new POM must be completed.

2. **IBHRS Performance Outcome Measures (POM) Form:** This Form is used to update the client's POM information (e.g.: if a client becomes pregnant or gets arrested). Once completed, updates to a client's Care Status can be linked to this new POM.
 - **Unscheduled Form:** **Clinical Forms > Unscheduled Forms > Misc > IBHRS Performance Outcome Measures.**



Note: If a Care Status transfer Form is completed and it has been more than 30 days since the last POM, a new POM must be completed.

3. **IBHRS Special Initiatives Form:** This Form is completed if the client is part of any special initiatives such as State Opioid Response (SOR) and Women and Children. This Form must be linked to the completed Treatment Episode Form.
 - **Unscheduled Form:** This is an optional form. **Clinical Forms > Unscheduled Forms > Misc > IBHRS Special Initiative.**
 - To remove the client's past Special Initiative, enter an **End Date**.

IBHRS Discharge Process

To discharge a client from IBHRS services, you must **close** both the client's **Care Status** as well as their **Treatment Episode**.

Care Status Discharge

1. Navigate to the IBHRS Care Status Form under **Unscheduled Forms: Clinical Forms > Unscheduled Forms > Misc > IBHRS Care Status**.
2. **Form Name** should be **Care Status Discharge mm/dd/yyyy**.
3. Select **Discharge** from the Type of Care Status drop-down menu.

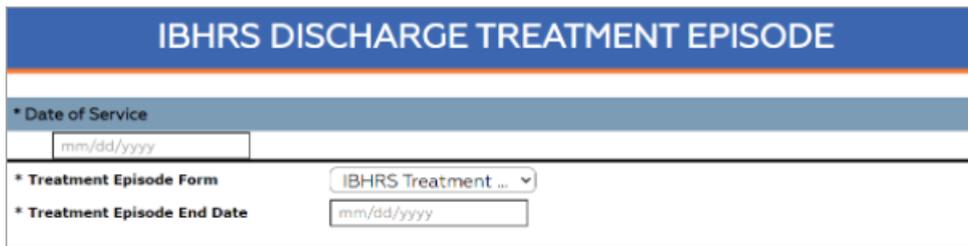
Treatment Episode Discharge

The Treatment Episode Discharge must be linked to the Treatment Episode (Assessment Form) that was used to open this episode. This is not the same thing as a NextStep discharge, which is a full case closure. Using the IBHRS Discharge Treatment Episode Form will allow you to continue doing clinical work on this client within NSS.



Tip: It is Best Practice when discharging, to keep a client's Treatment Episode open until a full case closure (NextStep discharge) is ready to be completed.

1. After completing the IBHRS Care Status Form, open and complete the Unscheduled Form called **IBHRS Discharge Treatment Episode**. **Clinical Forms > Unscheduled Forms > Misc > IBHRS Discharge Treatment Episode**.
2. Your Agency's workflow may require you to navigate to the client's Face Sheet and remove them from the IBHRS program(s).



The screenshot shows the 'IBHRS DISCHARGE TREATMENT EPISODE' form. It features a blue header with the title. Below the header, there are three fields: '* Date of Service' with a date input field containing 'mm/dd/yyyy', '* Treatment Episode Form' with a dropdown menu showing 'IBHRS Treatment ...', and '* Treatment Episode End Date' with a date input field containing 'mm/dd/yyyy'.