ALAMEDA COUNTY

BEHAVIORAL HEALTH

Mental Health & Substance Use Services

SMARTCARE

MHS MINI MANUAL

V.05

ACBH – Information Systems

Help Desk Phone #: (510) 567-8181

M – F: 8:30 am to 5:00 pm

FAX #: (510) 567-8161

E-Mail: HIS@acgov.org

Billing and Benefits Support:

(800) 878-1313

ACBH Provider's Website:

https://www.acbhcs.org/providers

MHS Training Agenda

#	Topic	Page #	End Time	Start Time
1	**Introduction/Housekeeping**	**N/A**	**8:30 am**	**8:40 am**
2	**SmartCare End User Training - Objective**	**6**	**8:40 am**	**8:45 am**
3	**Security** ■ ACBH Systems & Data–Confidentiality, Security, and Usage Agreement ■ 18 PHI Identifiers Under HIPAA	**7-8**	**8:45 am**	**8:50 am**
4	**What is SmartCare**	**9**	**8:55 am**	**9:00 am**
5	**Chapter 1: Portal & SmartCare Log In** ■ CDAG	**10-13**	**9:00 am**	**9:10 am**
6	**Chapter 2: What is SmartCare** ■ Overview ■ Basic Navigation	**14-25**	**9:10 am**	**9:45 am**
7	**Break**		**9:45 am**	**10:00 am**
8	**Chapter 3: Use of Documents within SmartCare**	**26-27**	**10:00 am**	**10:15 am**
9	**Chapter 4: Client Search** ■ Existing Client ■ Broad Search/Narrow Search ■ Client Selection ■ Review Steps to Prevent Duplicate Client Registration	**28-30**	**10:15 am**	**10:35 am**
10	**Chapter 5: Creating New Client/Client ID** ■ Client Naming Convention Rule ■ 3-Part Search Minimum Required Info- Legal Name, SSN, DOB ■ Client ID (Necessary for Program Enrollment) ■ Client Information Screen ■ Alias Name ■ Client Flag/Alert	**31-34**	**10:35 am**	**11:00 am**
11	**Chapter 6: Client Registration:** **New Rules for Client Registration** ■ Outpatient Registration ■ InPatient Registration **Complete MHS Registration Document** ■ Saving Information and Required Signatures	**35-46**	**11:00 am**	**12:00 pm**

12	**Lunch**		**12:00 pm**	**1:00 pm**
13	**Chapter 6: Diagnosis Document** ▪ Complete Diagnosis Information ▪ Diagnosis associated to the Program Enrollment	**46-48**	**1:00 pm**	**1:30 pm**
14	**Chapter 7: Timeliness**	**49-51**	**1:30 pm**	**2:00 pm**
15	**Break**		**2:00 pm**	**2:15 pm**
16	**Chapter 8: Update/Discharge Document** ▪ CSI Periodic Data ▪ Discharge Client ▪ Annual Update	**52-56**	**2:15 pm**	**2:35 pm**
17	**Chapter 8: Reports**	**57-58**	**2:35 pm**	**2:40 pm**
18	**Chapter 8: Services**	**59**	**2:40 pm**	**2:45 pm**
19	**Q&A- Follow-up Questions**		**2:45 pm**	**2:55 pm**
20	**Wrap Up**		**2:55 pm**	**3:00 pm**

Thank you for your

participation in today’s

End User SmartCare Training!

Table of Contents

MHS End User Training Objectives

1 . **SmartCare Overview and Basic Navigation**
    - How to navigate through the SmartCare application and populate data fields based on State required guidelines
    - SmartCare Navigation/Widgets/Favorites/Quick links/Smart links

2 . **Search for a Client & Create New Potential Client**
    - Client Search
        - Search for an existing client
    - Update Client Information
        - Insert Address
    - Create a new potential client record
        - Client ID generation
    - Client Information Screen/Tabs

3 . **Mental Health Services (MHS)- Registration Document & Program Enrollment:**
    - Client Registration
    - Program Enrollment *(previously this was known as an Opening an Episode)*
    - Update Program/Input Client General and Demographic Information

4 . **Use of Documents in SmartCare**
    - We will no longer have print queues

5 . **Diagnosis Document**
    - Updated/Input Client Diagnosis Information

6 . **Update/Discharge Document**
    - Annual update of CSI Information

7 . **Discharge Client**
    - Standard vs. Administrative Discharge

8 . **Reporting Functionality**

ACBH Systems & Data Confidentiality, Security and Usage Agreement

ACBH SYSTEMS & DATA
Confidentiality, Security and Usage Agreement

Systems
SmartCare, Clinician's Gateway, eCURA, Yellowfin, CANS/ANSA, MEDS, etc.

Purpose
The purpose of this agreement is to establish an environment of security for the electronic storing and usage of client confidential information and records including the usage of portable electronic devices for this purpose.

Background
Any person accessing Alameda County ACBH (Behavioral Health Care) data is required to protect confidential information relating to clients, patients, and residents on a daily basis, and have a duty to protect this information from loss, theft, or misuse whether the information is in paper or electronic form. Additionally, users are required to protect any electronic device assigned to them or in their possession used to gain access to ACBH systems.

Confidential Information
Confidential Information shall include all Alameda County ACBH systems, documents, data, and other materials. User agrees that the Confidential Information is to be considered confidential and shall hold the same in confidence, shall not use the Confidential Information other than for the purposes of its business with ACBH, and shall disclose it only to its authorized employees or other authorized users with a specific need to know. User will not disclose, publish or otherwise reveal any of the Confidential Information and must use secure email for any communications outside of Alameda County regarding confidential information. _____Initial

Secure and Private Work Environment
User is responsible for taking proper security and privacy precautions ensuring a secure and private work environment while utilizing portable devices in order to safeguard client information displayed. _____Initial

Security Agreement
User agrees to the stated required security criteria in order to access and utilize the ACBH systems.

I understand that sharing my account ID and password, client information or any breach of security is a HIPAA (Health Insurance Portability and Accountability Act) violation which may result in prison, fines up to $25,000 and/or revocation of my license. _____Initial

I attest that I have completed HIPAA security and privacy requirements training for protecting the confidentiality, integrity, and availability of protected health information under HIPAA within the past 12 months.

______________________________	____________________________________	______________
User Signature	User Printed Name	Date

The supervisor agrees 1) to employee's usage of the system and 2) to provide information and direction for secure uses and practices while utilizing network resources.

The supervisor attests that the user has 1) signed an Oath of Confidentiality, 2) signed an Ethical Conduct Policy and 3) been trained in HIPAA security and privacy requirements.

_______________________________	____________________________________	________________
Supervisor Signature	Supervisor Printed Name	Date

18 PHI Identifiers Under HIPAA

1. Names
2. Geographic subdivisions smaller than a state, Geocodes (e.g.-> zip, county, or city codes; street addr, etc.)
3. Dates. All elements of dates except year, unless individual is > 89 yrs. (e.g.-> birth date, admission date, etc.)
4. Telephone numbers
5. Fax numbers
6. Electronic mail addresses
7. Social security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers (including license plate numbers)
13. Device identifiers and serial numbers
14. Web Universal Resource Locator (URL)
15. Internet protocol (IP) address number
16. Biometric identifiers (including finger or voice prints)
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic, or code

What Is SmartCare:

SmartCare™ is a web-based software designed for Substances Use Disorder and Mental Healthcare organizations. Its primary purpose is to facilitate the coordination, reporting, and management of payment for all service delivery processes. With SmartCare, organizations can effectively maintain, protect, and organize health information pertaining to their clients. Furthermore, it serves as a central repository for collecting data used in eligibility determination and for generating local, state, and federal reports.

One of the key strengths of SmartCare is its commitment to being the most open and user-friendly application available in the market. It recognizes the dynamic nature of the health and human services industry and strives to remain adaptable to changing market conditions. SmartCare achieves this by employing an open-architecture framework that allows customers to easily update and expand the system to meet their evolving needs.

By adopting SmartCare, organizations gain access to a comprehensive software solution capable of mapping and incorporating their entire range of business processes into a single platform. This integration enables streamlined operations and improved efficiency. Moreover, SmartCare is designed to grow and evolve alongside the organization, ensuring it can effectively support future business requirements.

Chapter 1: Portal & SmartCare Log In

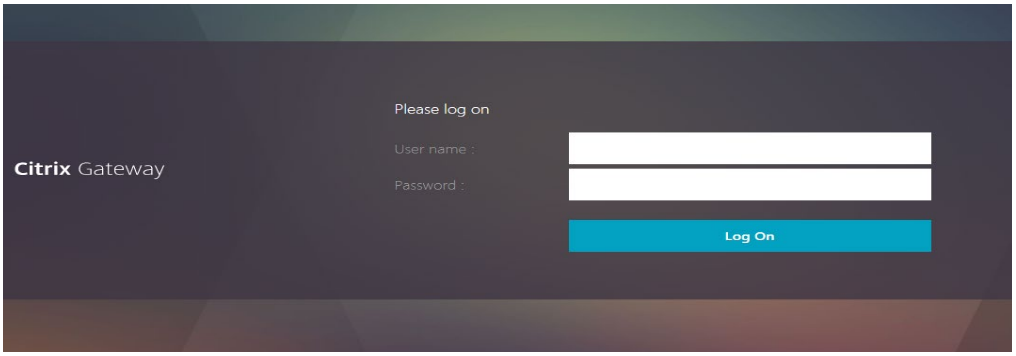
Logging onto the ACBH Web Portal

You must log in to the ACBH Web Portal to access SmartCare.

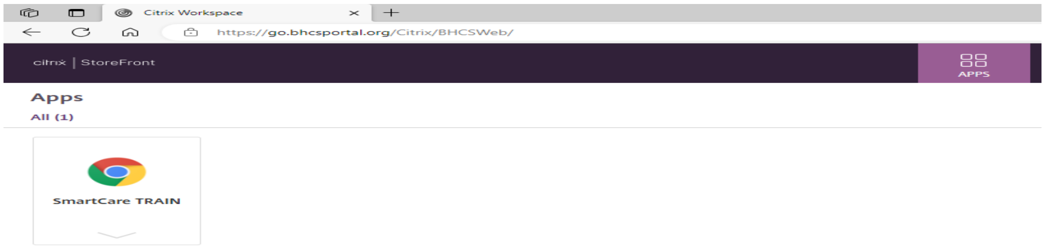
- ACBH Staff will use the URL to open SmartCare once you log on to the County Secure Network.
- CBO Agencies will use the ACBH Web Portal to access SmartCare.

If this is your first time logging in to the portal the system may prompt a Citrix Workspace installation message. Please follow the prompts, and download the Citrix Workspace as needed. If this is a company managed PC/Laptop, you will need your support team to install the software, as they have Administrative Credentials. If assistance is needed please contact the Help Desk for assistance.

1. The ACBH Web Portal address is: https://go.bhcsportal.org
2. Type your network Username, and press Tab.
3. Type your network password and press Return or click the Log On button. To protect password secrecy, the password is displayed on the screen as dots.



4. To log in to SmartCare choose the Apps option and select the SmartCare Train Icon.



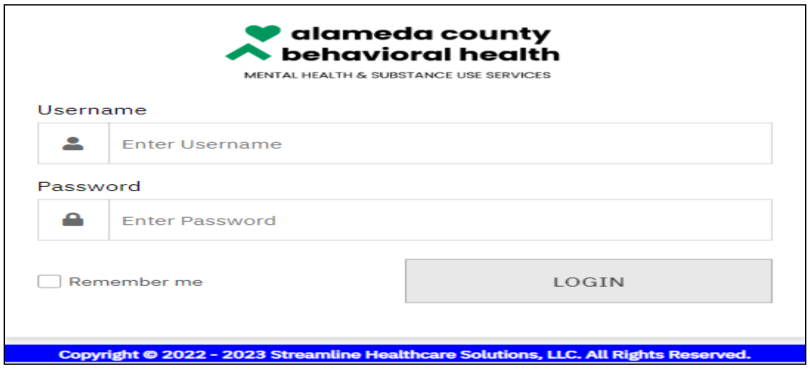
5. Click the SmartCare icon to prompt a new Chrome Window to open the SmartCare Log on Screen.
6. Click the SmartCare icon to prompt a new Microsoft Edge Window to open the SmartCare Log on Screen.

Logging into the SmartCare System

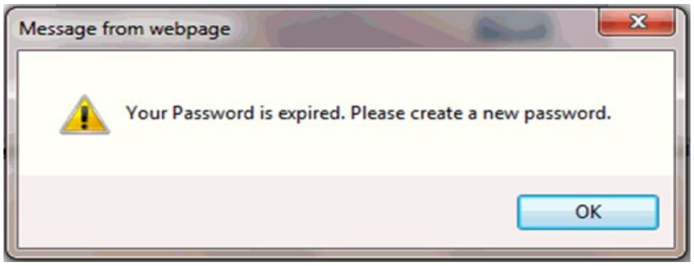
The first time you log in to the SmartCare system, follow these steps:

1. At the login page, you will be required to enter your Username and Password. After entering these two pieces of information, click “Remember Me” so that you will not have to repeatedly enter your password each time you open the application.

2. Click the LOGIN button.



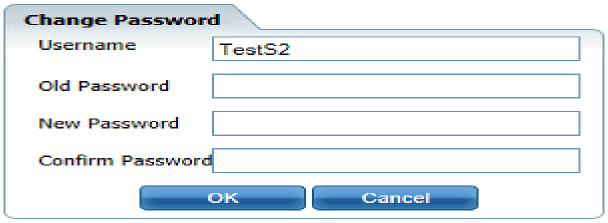
3. You may get this pop-up window telling you to set your Password:



Your Password is expired. Please create a new password.

4. Click the **OK** button.

5. You will then be taken to this screen:



Username: TestS2

6. Enter your existing temporary password in the Old Password field.
7. Enter a new password in the New Password field.
8. Enter the new password again in the Confirm Password field.
9. Click the **OK** button.

You will then be taken to the login screen again, where you enter in the new password that you just created and click the Login button.

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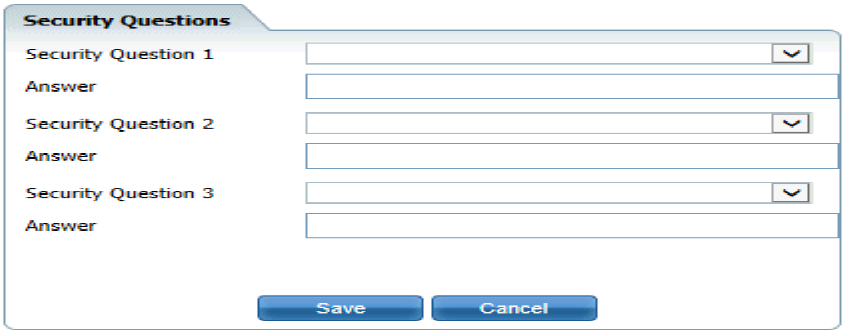
After logging in for the first time, the system will now ask you to set security questions.



These questions are to ensure security for logged in users. The answers you enter are case sensitive.

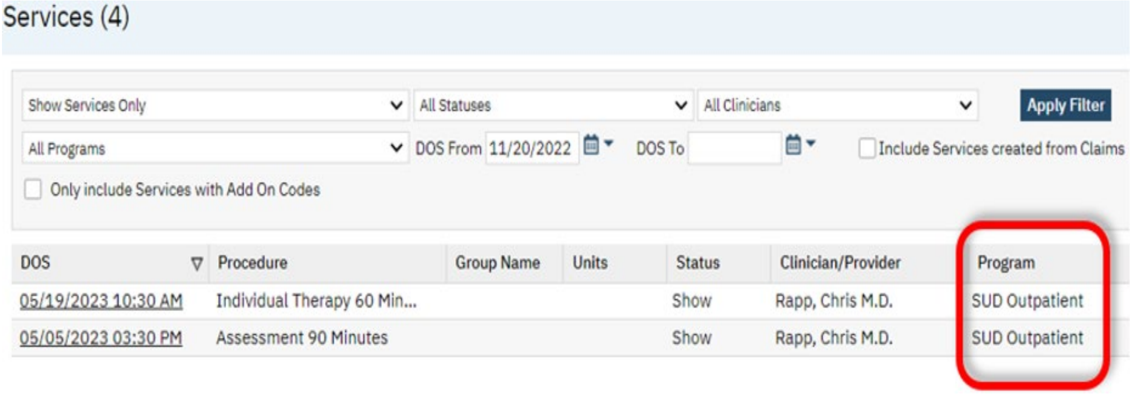
If you have logged on previously, the logon will take you directly to one of the security questions you have selected. Supply the answer and select the "Remember Me" radio button, then click the Submit button.

What is CDAG

Clinical Data Access Groups (CDAG) ensure that staff only have access to see client chart information in SmartCare that is applicable to the service line (Mental Health or Substance Use services) that they serve. When you login into SmartCare you will need to choose between SUD and MHS organizations.

If you are only in one organization this should be seamless to you and you will not need to select anything. If a clinician provides both Mental Health and Substance Use services, the provider will be associated with both MH and Substance Use CDAG groups and will be prompted to select a CDAG group when logging into SmartCare.

In the below example, Clinician A is logged in as a SUD staff person and therefore only sees the client's SUD services.



Services (4)

Show Services Only
All Statuses
All Clinicians
Apply Filter
All Programs
DOS From 11/20/2022
DOS To
☐ Include Services created from Claims
☐ Only include Services with Add On Codes

DOS	Procedure	Group Name	Units	Status	Clinician/Provider	Program
05/19/2023 10:30 AM	Individual Therapy 60 Min...			Show	Rapp, Chris M.D.	SUD Outpatient
05/05/2023 03:30 PM	Assessment 90 Minutes			Show	Rapp, Chris M.D.	SUD Outpatient

Chapter 2: Basic Navigation & Overview of SC System

Users will experience SmartCare as a series of connected modules, all accessible from the Quick Links menu on the left side of screen or from the Search function. SmartCare was designed to enhance the user experience and to provide new system users with tools to navigate easily.

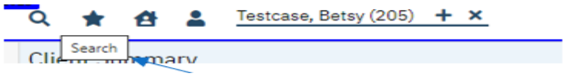
Overview

A tool bar appears on every page in the system. It is located to the right of the page's title.

Common Toolbar Items

The tools displayed on this bar can vary by screen or by the list page you are currently looking at. Below are some examples.

-or-



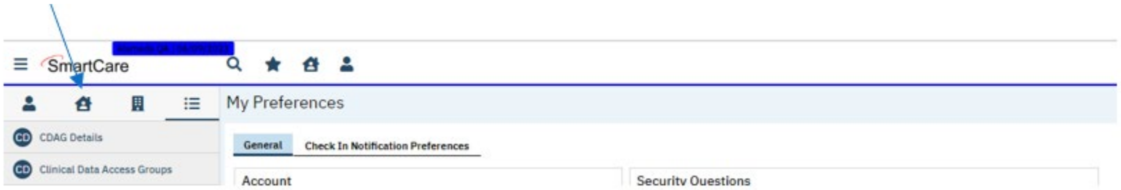
TIP: Hover over a specific tool to display its name.

Sometimes the Toolbars are too large for the size of your screen, so if you hover your arrow to the far right of the screen, other tools will appear.

NOTE: Some tools are permissioned, but denied tools will still be visible, but they will appear grayed out.

SC Navigation

Navigation filters above the Quick Links section allow you to sort by Client, Provider, Other or display All Quick Links.



Icon	Name
👤	Client
🏠	Provider
🏢	Other
☰	All

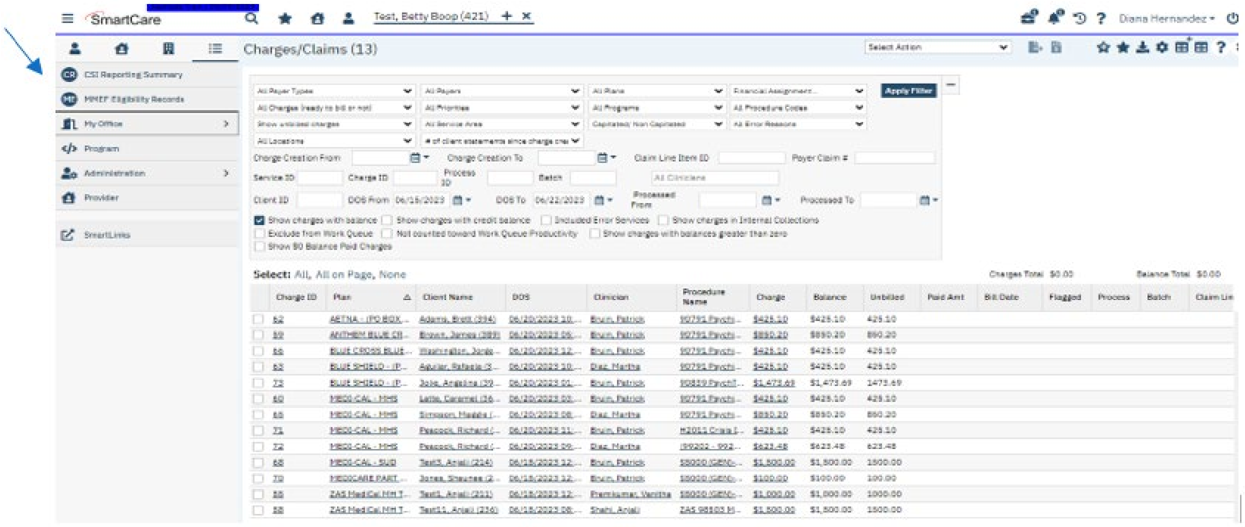
TIP: By clicking on SmartCare Icon you land back on your homepage.

When you log into SmartCare you will want to personalize it to meet your specific business needs. This can be done by personalizing:

1. Quick Links
2. My Preferences
3. Dashboards
4. Widgets
5. List Pages
6. Smart Links

#1: Quick Links

Quick links are a quick way to navigate to specific screens and specific parts of SmartCare. These are meant to be at your fingertips and enable you to do your job. These can be found on the lefthand side of your screen:



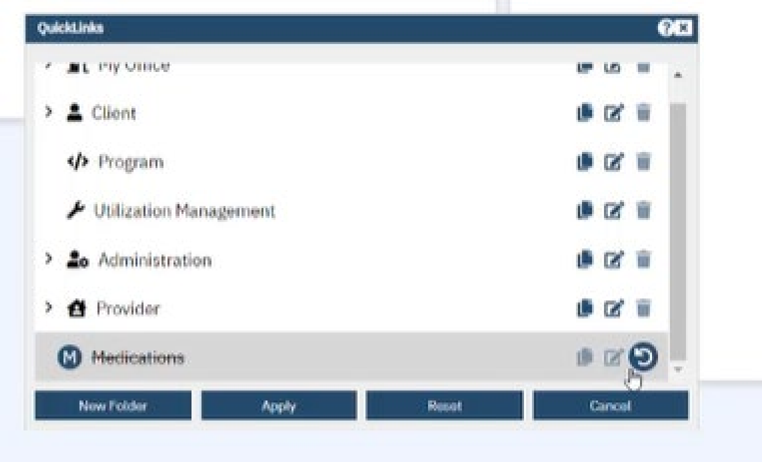
You can build and tailor these “Quick Links” to allow you to efficiently navigate between the different aspects of your job, without having to type in what you are looking for. To access and manage your "Manage QuickLinks" feature:

1. Locate the drop-down arrow next to your username in the upper right-hand corner of the screen.

2. Click on the drop-down arrow to open a menu of options.

3. Look for the "Manage QuickLinks" section and click on it.
4. Once inside the "Manage QuickLinks" section, you will have the ability to personalize the QuickLinks navigation according to your preferences.

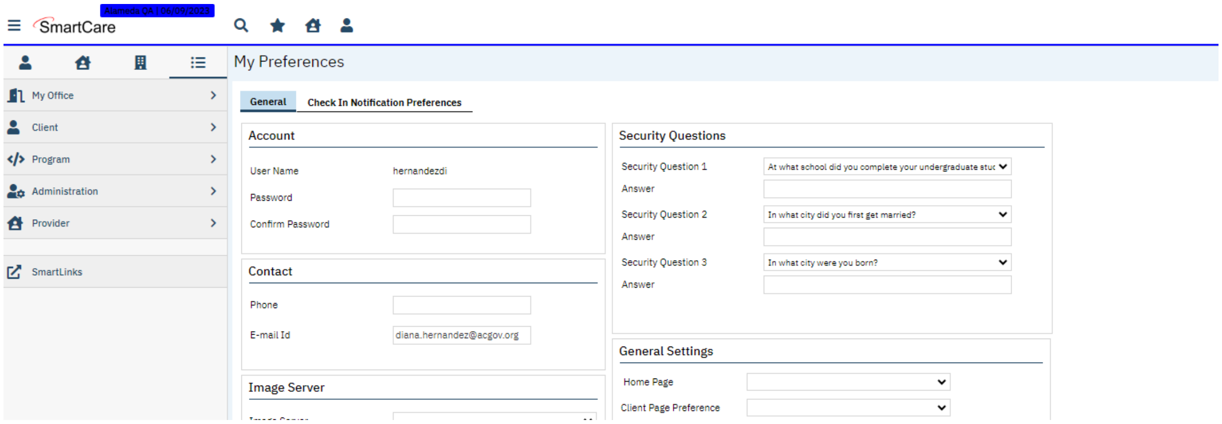
You can use this section to Reorder, Delete or Edit the Quick Links displayed names.



NOTE: Users may have core functions linked to specific screens, so please work with your organization to determine what the standards should be.

#2: My Preferences

Once you are logged into the system, the first screen you see may be My Preferences. On the General tab, sign-in to set up your default Preferences section for the various sections of the SmartCare system.



User Name hernandezdi

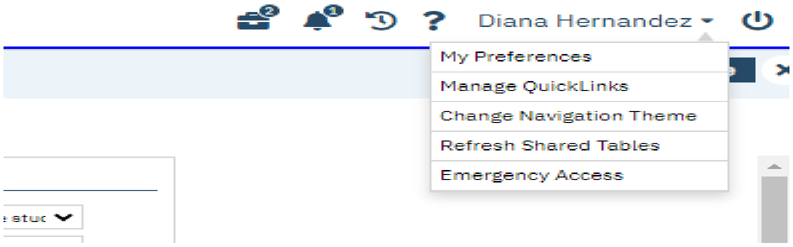
E-mail Id diana.hernandez@acgov.org

Security Question 1 At what school did you complete your undergraduate stuc

Security Question 2 In what city did you first get married?

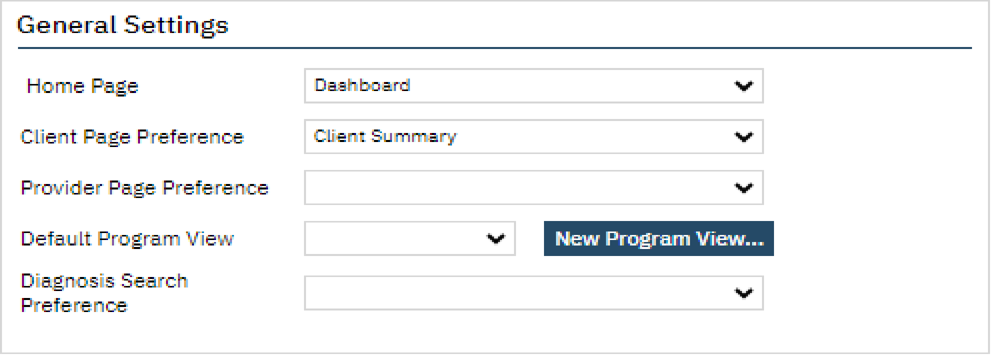
Security Question 3 In what city were you born?

If this is not the first screen you see, navigate to the "My Preferences" screen by clicking the drop list arrow next to your name in the top right corner of the screen, and select "My Preferences" button.



General Setting Section

In the General Settings section set the following settings:



General Settings

Home Page: Dashboard

Client Page Preference: Client Summary

Provider Page Preference:

Default Program View:

Diagnosis Search Preference:

1. **Home Page Dropdown:** Select the name of the Page/Dashboard that you want to open in the "My Office tab" when you login to the SmartCare system or when you click on the My Office tab when in the system. This will be the main page when you login every time.

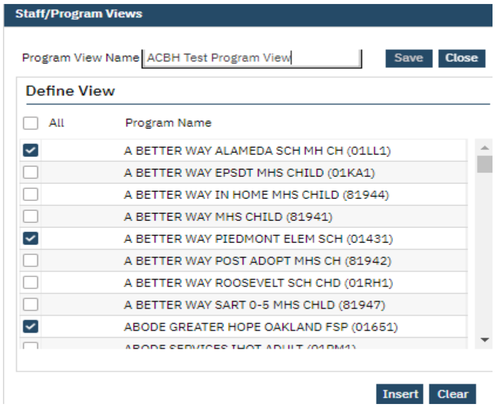
   Generally, this is set to view 'Dashboard' as shown in the screenshot above. After making your selection, click the Save button located under your login name in the top right corner. (IMPORTANT: Be sure to perform a "Save" following any changes while logged into your account).
   NOTE: If a Home Page option is not selected, the system will default to the "My Preferences" screen when you log in.

2. **Client Page Preference Dropdown:** This is the client record that you want to first appear when you open a client page.
   NOTE: If the Client Page Preference is left empty, it will default to the the Client Summary screen which will display when opening a client when you perform a Search or select Open this Client.

3. **Provider Page Preference Dropdown:** This field identifies the Screen to which you are redirected upon selecting a provider in the system.

4. **Default Program View:** Setting a Program View lets you define the programs that you can filter for while using the Program Assignments page. The Program View you set up are displayed in the All Program Views dropdown list on the Filter portion of the Program Assignments page on the Program tab.
5. **Click the New Program View button**. The Program Views window is displayed.
   Type the name of the Program View you are creating in the Program View Name field.

   Select the checkbox next to each program you want to include in your Program View.



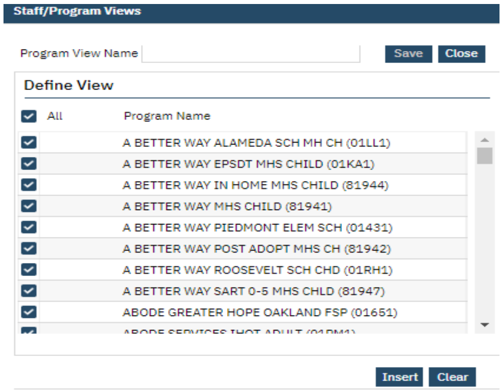
Program View Name: ACBH Test Program View

☐ All — Program Name

☑ A BETTER WAY ALAMEDA SCH MH CH (01LL1)
☐ A BETTER WAY EPSDT MHS CHILD (01KA1)
☐ A BETTER WAY IN HOME MHS CHILD (81944)
☐ A BETTER WAY MHS CHILD (81941)
☑ A BETTER WAY PIEDMONT ELEM SCH (01431)
☐ A BETTER WAY POST ADOPT MHS CH (81942)
☐ A BETTER WAY ROOSEVELT SCH CHD (01RH1)
☐ A BETTER WAY SART 0-5 MHS CHLD (81947)
☑ ABODE GREATER HOPE OAKLAND FSP (01651)

-or-

Select the **All** Programs checkbox to have all programs set up in SmartCare listed in the Program View.



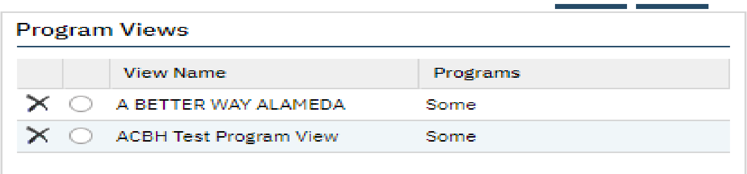
Program View Name:

☑ All — Program Name

☑ A BETTER WAY ALAMEDA SCH MH CH (01LL1)
☑ A BETTER WAY EPSDT MHS CHILD (01KA1)
☑ A BETTER WAY IN HOME MHS CHILD (81944)
☑ A BETTER WAY MHS CHILD (81941)
☑ A BETTER WAY PIEDMONT ELEM SCH (01431)
☑ A BETTER WAY POST ADOPT MHS CH (81942)
☑ A BETTER WAY ROOSEVELT SCH CHD (01RH1)
☑ A BETTER WAY SART 0-5 MHS CHLD (81947)
☑ ABODE GREATER HOPE OAKLAND FSP (01651)

Click the **Insert** button.

The Program View is displayed in the Programs Views area of the window.



		View Name	Programs
✕	○	A BETTER WAY ALAMEDA	Some
✕	○	ACBH Test Program View	Some

To set up another Program View, repeat steps 2 through 5.

-or-

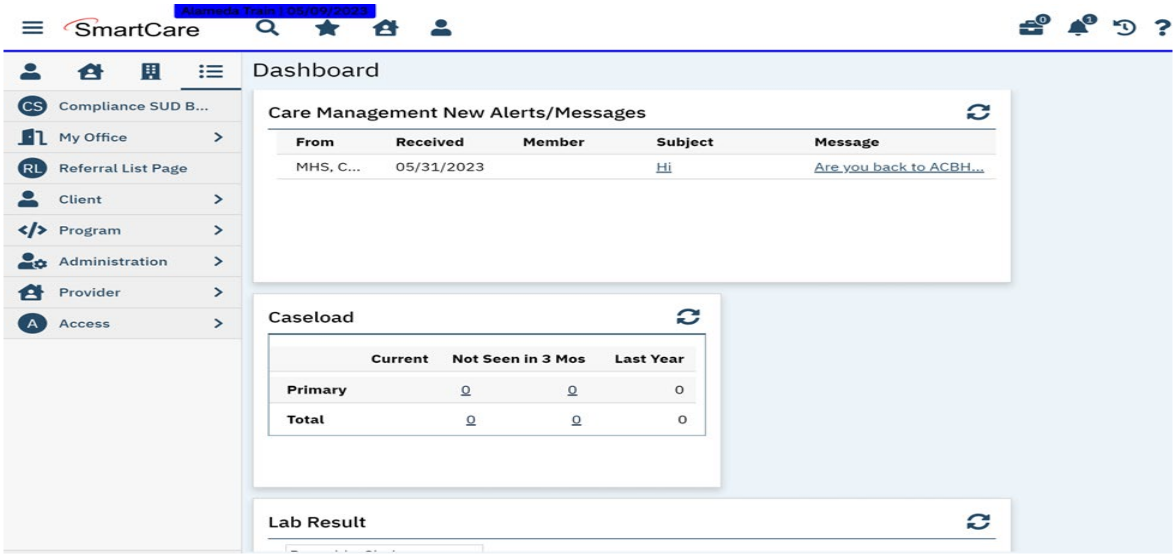
If you are finished setting up a Program View, click the Save button.
You will now be able to select your custom view from the Default Program View drop list.

NOTE: Diagnosis Search Preference Dropdown: This is an obsolete and should not be populated.

#3: Dashboards

The Dashboard is the central page of the SmartCare system. SmartCare main screens are either Dashboards or List Pages that display data and have links. From the Dashboard, you can quickly view pertinent information and access the detailed screens or list pages.

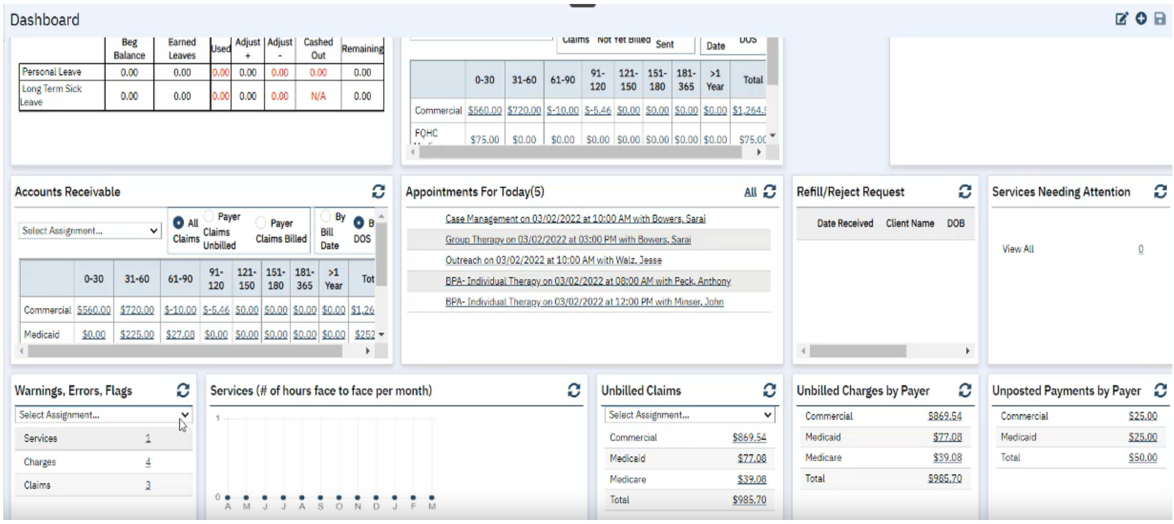
The Dashboard "My Office" is a central screen containing widgets, with real time data, as well as links to important screens for related workflows. Links and widgets can be clicked on to bring you to the displayed information.



From	Received	Member	Subject	Message
MHS, C...	05/31/2023		Hi	Are you back to ACBH...

	Current	Not Seen in 3 Mos	Last Year
Primary	0	0	0
Total	0	0	0

NOTE: Dashboards are hub pages, that can be customized and organized to meet your business needs.



	Beg Balance	Earned Leaves	Used	Adjust +	Adjust -	Cashed Out	Remaining
Personal Leave	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Long Term Sick Leave	0.00	0.00	0.00	0.00	0.00	N/A	0.00

	0-30	31-60	61-90	91-120	121-150	151-180	181-365	>1 Year	Total
Commercial	$560.00	$720.00	$-10.00	$-5.46	$0.00	$0.00	$0.00	$0.00	$1,264.
FQHC	$75.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$75.0

	0-30	31-60	61-90	91-120	121-150	151-180	181-365	>1 Year	Tot
Commercial	$560.00	$720.00	$-10.00	$-5.46	$0.00	$0.00	$0.00	$0.00	$1,26
Medicaid	$0.00	$225.00	$27.08	$0.00	$0.00	$0.00	$0.00	$0.00	$252

Case Management on 03/02/2022 at 10:00 AM with Bowers, Sarai
Group Therapy on 03/02/2022 at 03:00 PM with Bowers, Sarai
Outreach on 03/02/2022 at 10:00 AM with Walz, Jesse
BPA- Individual Therapy on 03/02/2022 at 08:00 AM with Peck, Anthony
BPA- Individual Therapy on 03/02/2022 at 12:00 PM with Minser, John

Date Received	Client Name	DOB

View All	0

Services	1
Charges	4
Claims	3

Commercial	$869.54
Medicaid	$77.08
Medicare	$39.08
Total	$985.70

Commercial	$869.54
Medicaid	$77.08
Medicare	$39.08
Total	$985.70

Commercial	$25.00
Medicaid	$25.00
Total	$50.00

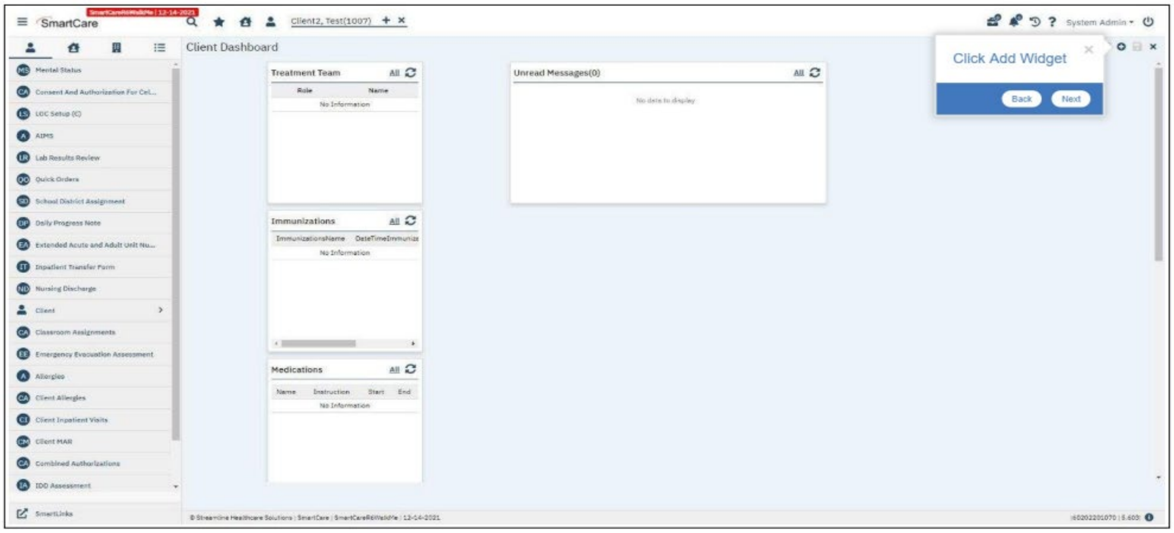
In addition, there are specialized Dashboards, e.g. Billing Dashboard, Provider Dashboard, etc. that can be updated with widgets specific to you. You can select which screen is displayed when you sign on and these dashboards can be tailored to meet your specific needs.

BEST PRACTICE: A good Dashboard should never require much scrolling.

#4: Widgets

Widgets gather information that the staff may need to act on, and provide a hyperlink to the page/screen where the staff can drill down or complete the items listed. Information is presented on the Dashboard in the form of widgets.

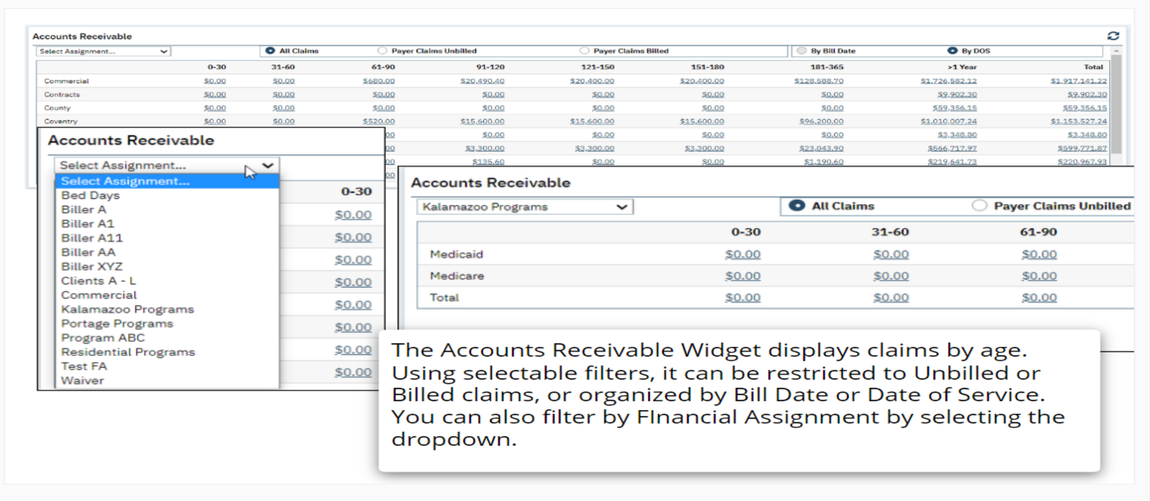
Each tile on the Dashboard is a widget, that you can resize and edit the display. Widgets are part of the core functionality of SmartCare, and are displayed on the staff's dashboard. You tailor the dashboard through the use of widgets.



The great news is that you can customize these widgets by adding, removing or deleting a widget to meet your needs.

The order in which the widgets are displayed on the dashboard is determined by the default Order on the Widget Details screen. And widgets are permission based and they should be considered as part of your roles and permissions setup. Only the relevant widgets should be permissioned to each user.

NOTE: Click the reload icon(🗘)to refresh the widget. The data in the widget is refreshed/recalculated based upon the value set in the Auto Refresh Interval setting.



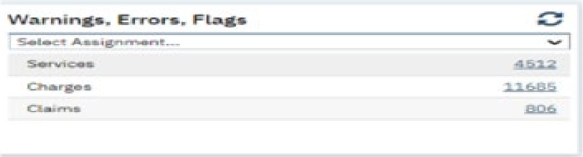
● All Claims ○ Payer Claims Unbilled

	0-30	31-60	61-90	91-120	121-150	151-180	181-365	>1 Year	Total
Commercial	$0.00	$0.00	$680.00	$20,490.40	$20,400.00	$20,400.00	$128,588.70	$1,726,582.12	$1,917,141.22
Contracts	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$9,902.30	$9,902.30
County	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$59,356.15	$59,356.15
Coventry	$0.00	$0.00	$520.00	$15,600.00	$15,600.00	$15,600.00	$96,200.00	$1,010,007.24	$1,153,527.24

	0-30	31-60	61-90
Medicaid	$0.00	$0.00	$0.00
Medicare	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00

The Accounts Receivable Widget displays claims by age. Using selectable filters, it can be restricted to Unbilled or Billed claims, or organized by Bill Date or Date of Service. You can also filter by FInancial Assignment by selecting the dropdown.

The "Warnings, Errors, Flags Widget" displays the total number of Services, Charges and Claims that have a system issue and need to be corrected. Like other Billing Widgets, the Warnings, Errors, Flags Widget can be filtered by financial assignments.



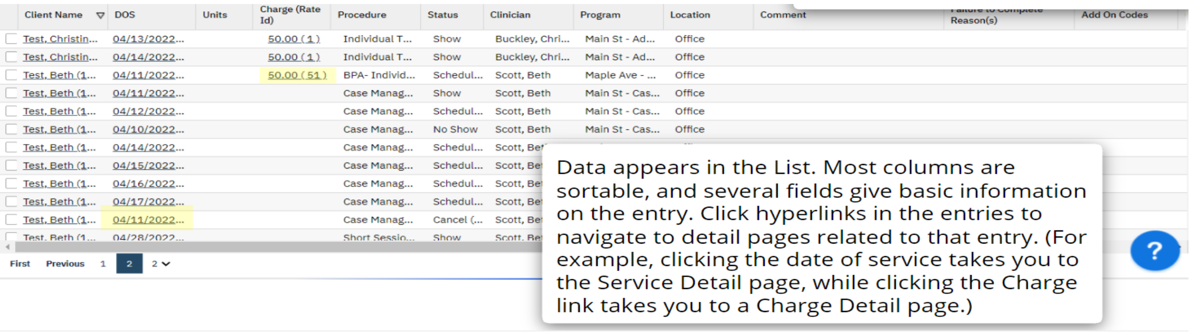
Services	4512
Charges	11685
Claims	806

Many Widgets (depending on the kind of information they display) draw their information from and link to List Pages.

#5: List Pages

Selecting a page will typically take you to a list page where information is summarized. Key information in SmartCare is stored or displayed via List Pages, and entered via Detail Pages and Documents referenced by a specific List Page.

List Pages serve an important role in the management of information. Aside from being the location where information is stored and displayed, List Pages are also filterable to search and sort specific types of needed information.



☐	Client Name	DOS	Units	Charge (Rate Id)	Procedure	Status	Clinician	Program	Location	Comment	Reason(s)	Add On Codes
☐	Test, Christin...	04/13/2022...		50.00 (1)	Individual T...	Show	Buckley, Chri...	Main St - Ad...	Office			
☐	Test, Christin...	04/14/2022...		50.00 (1)	Individual T...	Show	Buckley, Chri...	Main St - Ad...	Office			
☐	Test, Beth (1...	04/11/2022...		50.00 (51)	BPA- Individ...	Schedul...	Scott, Beth	Maple Ave - ...	Office			
☐	Test, Beth (1...	04/11/2022...			Case Manag...	Show	Scott, Beth	Main St - Cas...	Office			
☐	Test, Beth (1...	04/12/2022...			Case Manag...	Schedul...	Scott, Beth	Main St - Cas...	Office			
☐	Test, Beth (1...	04/10/2022...			Case Manag...	No Show	Scott, Beth	Main St - Cas...	Office			
☐	Test, Beth (1...	04/14/2022...			Case Manag...	Schedul...	Scott, Be					
☐	Test, Beth (1...	04/15/2022...			Case Manag...	Schedul...	Scott, Be					
☐	Test, Beth (1...	04/16/2022...			Case Manag...	Schedul...	Scott, Be					
☐	Test, Beth (1...	04/17/2022...			Case Manag...	Schedul...	Scott, Be					
☐	Test, Beth (1...	04/11/2022...			Case Manag...	Cancel (...	Scott, Be					
☐	Test, Beth (1...	04/28/2022...			Short Sessio...	Show	Scott, Be					

Data appears in the List. Most columns are sortable, and several fields give basic information on the entry. Click hyperlinks in the entries to navigate to detail pages related to that entry. (For example, clicking the date of service takes you to the Service Detail page, while clicking the Charge link takes you to a Charge Detail page.)

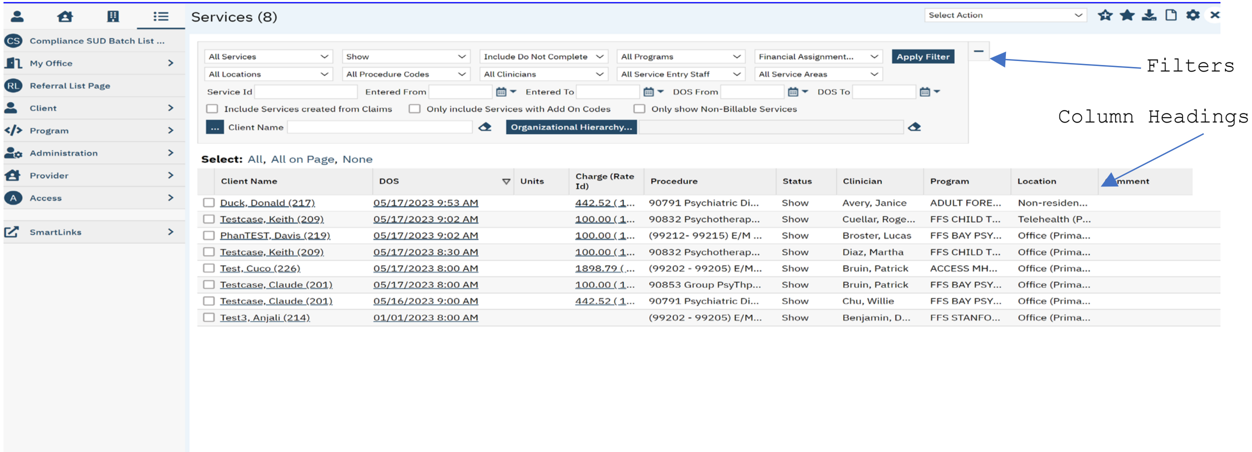
They are also able to be 'Favorited', which allows you to set commonly-used Filters and immediately apply them.

- The My Office tab contains list pages to help you organize your caseload and quickly access information.
- The Client tab contains list pages for list services, documents, disclosures and other information.

1. Use the Filters at the top of the List Pages to search for specific information in a list.

2. Click on the column headings to sort the list by the selected column.
    - Click the same column heading again to reverse the order of the list based on the selected column.

3. Lists with multiple pages will display page numbers on the bottom.
    - To navigate the pages, there are multiple options: You can select Page Number, Next/Last, or use the drop-down to navigate through the pages.



All Services | Show | Include Do Not Complete | All Programs | Financial Assignment...
All Locations | All Procedure Codes | All Clinicians | All Service Entry Staff | All Service Areas
Service Id | Entered From | Entered To | DOS From | DOS To
☐ Include Services created from Claims ☐ Only include Services with Add On Codes ☐ Only show Non-Billable Services
Client Name

Filters

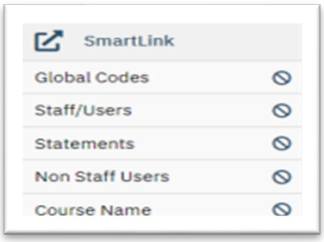
Column Headings

Select: All, All on Page, None

	Client Name	DOS	Units	Charge (Rate Id)	Procedure	Status	Clinician	Program	Location	mment
☐	Duck, Donald (217)	05/17/2023 9:53 AM		442.52 (1...	90791 Psychiatric Di...	Show	Avery, Janice	ADULT FORE...	Non-residen...	
☐	Testcase, Keith (209)	05/17/2023 9:02 AM		100.00 (1...	90832 Psychotherap...	Show	Cuellar, Roge...	FFS CHILD T...	Telehealth (P...	
☐	PhanTEST, Davis (219)	05/17/2023 9:02 AM		100.00 (1...	(99212- 99215) E/M ...	Show	Broster, Lucas	FFS BAY PSY...	Office (Prima...	
☐	Testcase, Keith (209)	05/17/2023 8:30 AM		100.00 (1...	90832 Psychotherap...	Show	Diaz, Martha	FFS CHILD T...	Office (Prima...	
☐	Test, Cuco (226)	05/17/2023 8:00 AM		1898.79 (...	(99202 - 99205) E/M...	Show	Bruin, Patrick	ACCESS MH...	Office (Prima...	
☐	Testcase, Claude (201)	05/17/2023 8:00 AM		100.00 (1...	90853 Group PsyThp...	Show	Bruin, Patrick	FFS BAY PSY...	Office (Prima...	
☐	Testcase, Claude (201)	05/16/2023 9:00 AM		442.52 (1...	90791 Psychiatric Di...	Show	Chu, Willie	FFS BAY PSY...	Office (Prima...	
☐	Test3, Anjali (214)	01/01/2023 8:00 AM			(99202 - 99205) E/M...	Show	Benjamin, D...	FFS STANFO...	Office (Prima...	

#6: SmartLinks

SmartLinks are displayed in the Left Navigation Menu for the staff. SmartLinks are system generated links located in the Navigation sidebar under the QuickLinks. The SmartCare system learns which screens you typically navigate to from the current screen and creates SmartLinks to enable you to navigate there directly.

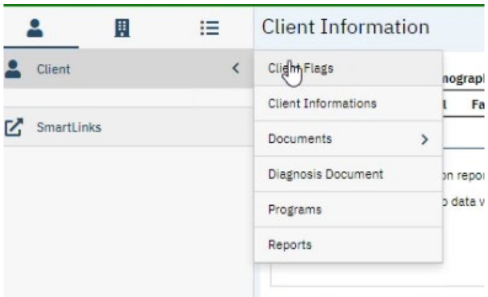


To help minimize the number of clicks required to get to the screens you frequently use, SmartCare creates SmartLinks to screens, reports, actions, or favorites that you visit regularly. The links in the SmartLinks section change over time depending on your system usage.

#7: Client Flags

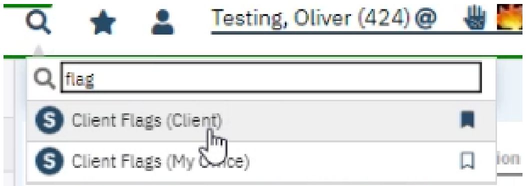
Flags are icons used throughout the SC system to point out or mark important information about a client. Permissions can be set on a flag to allow or limit staff from viewing a client's flag(s). To use flags in SmartCare, you can access "Client Flags" in two ways:

Go to Client and choose the Client Flags Option.



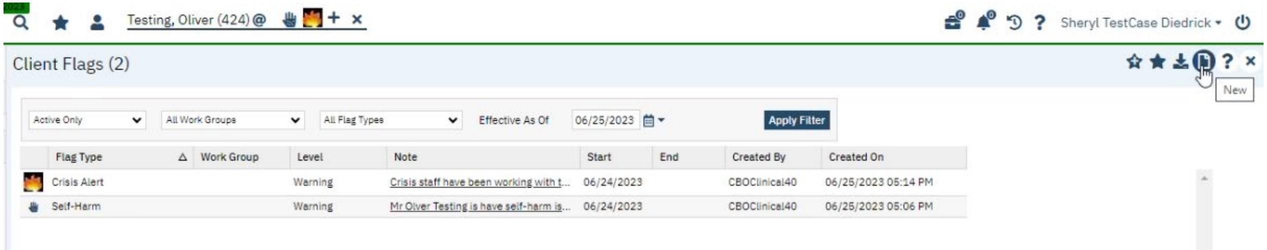
-or-

Complete a search, by typing in "flag":



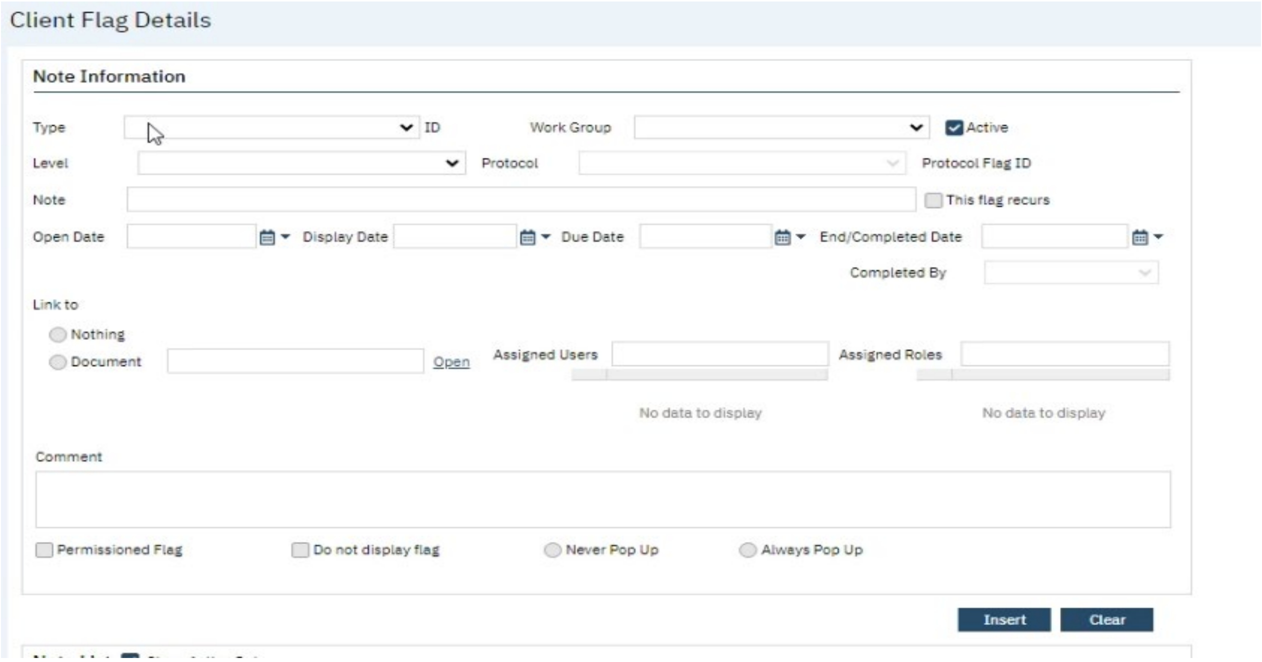
In SmartCare, an event is referred to as a "flag". Each flag will have a due date that can then be tracked and, as the due date nears, can be completed.

1. On the Client Flags tab click on new button to add a flag.

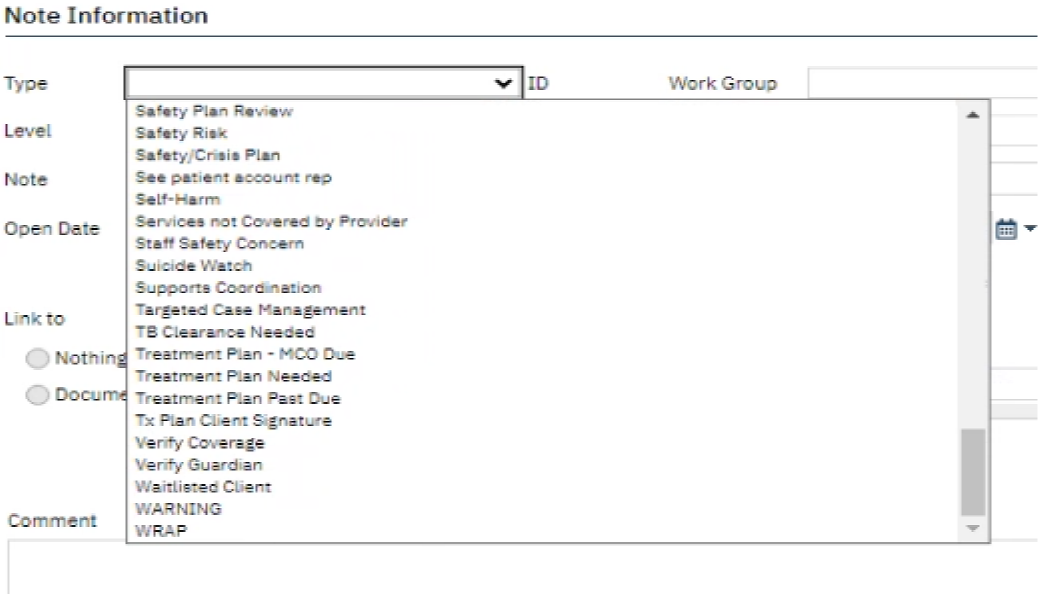


Flag Type	Work Group	Level	Note	Start	End	Created By	Created On
Crisis Alert		Warning	Crisis staff have been working with t...	06/24/2023		CBOClinical40	06/25/2023 05:14 PM
Self-Harm		Warning	Mr Olver Testing is have self-harm is...	06/24/2023		CBOClinical40	06/25/2023 05:06 PM

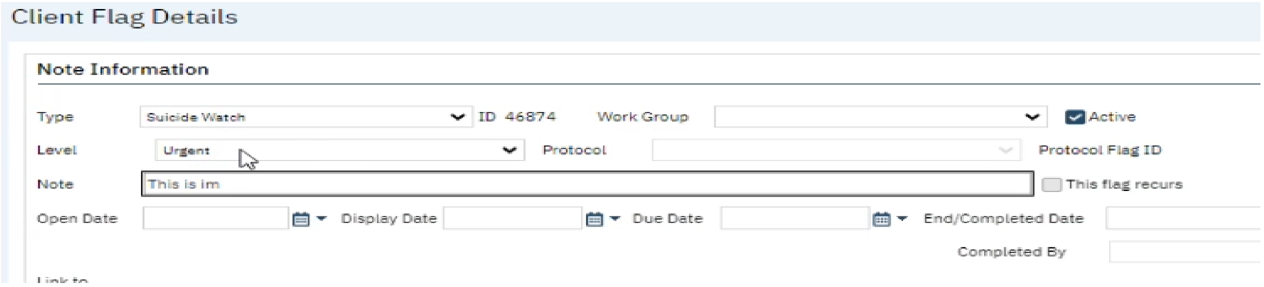
2. Select the "Type" field and a dropdown will appear.



3. Select the type of flag that you would like to add to the clients records.

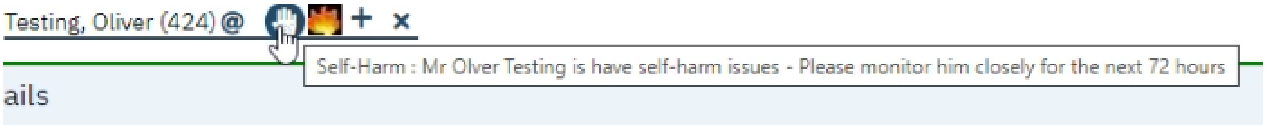


4. As appropriate, in the “Note” field add a comment.



Type Suicide Watch
ID 46874
Level Urgent
Note This is im

5. Click on Insert
6. Click on Save.
7. When you hover over the flag you can see the notes.



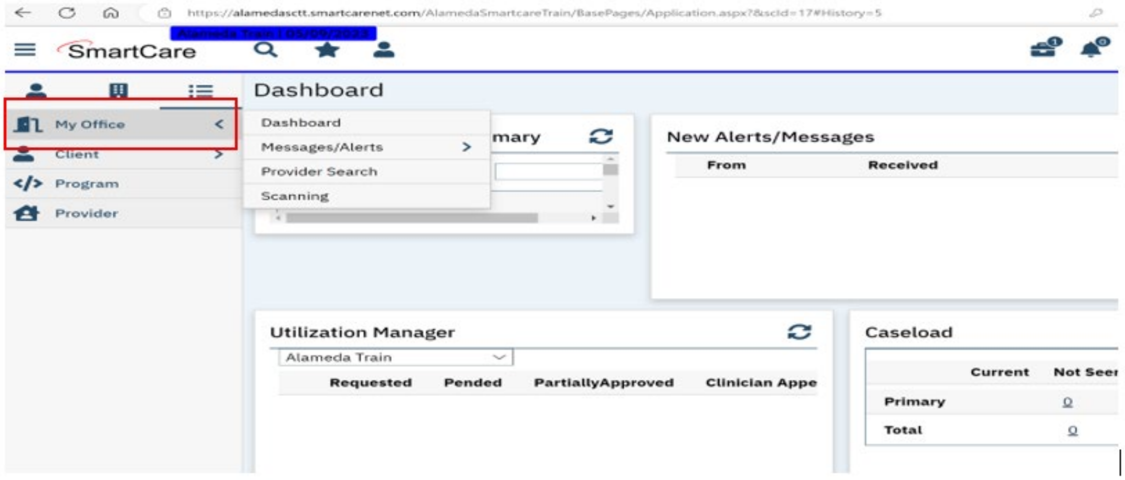
Self-Harm : Mr Olver Testing is have self-harm issues - Please monitor him closely for the next 72 hours

TIP: You can click on the add button to add additional flags.

My Office Tab

My Office Tab contains overall information on all client's records assigned to you based on your security permissions; different roles may view different information.

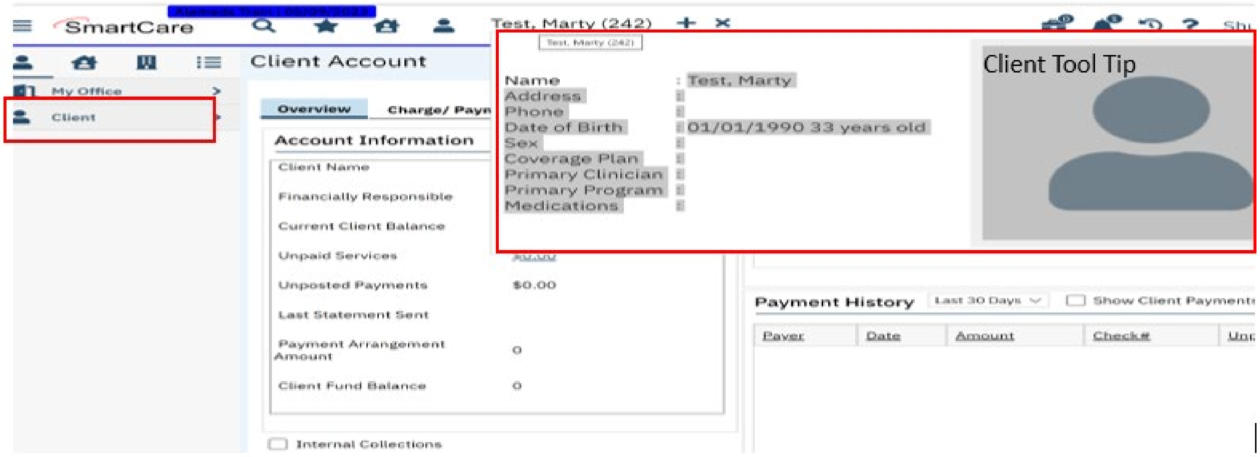
My Office Tab



Client Tab

Client tab contains information in a client's individual record and only one client tab can be open at a time.

1. The clients name will display on the Client tab - last name, first name, followed by the client ID.



Test, Marty (242)

Name : Test, Marty
Address :
Phone :
Date of Birth : 01/01/1990 33 years old
Sex :
Coverage Plan :
Primary Clinician :
Primary Program :
Medications :

Client Name
Financially Responsible
Current Client Balance
Unpaid Services
Unposted Payments $0.00
Last Statement Sent
Payment Arrangement Amount 0
Client Fund Balance 0

2. By hovering over client’s name, while on Client tab, a Tool Tip will be displayed.
3. This Tool Tip will display information related to the client.
4. What is displayed can vary by role, depending on your security permissions.

System Quick Tips

1. Use the tab or mouse to move through pages, especially detail screens with multiple fields.
    a. Depending on the screen, pressing the tab may be faster and on other screens the mouse is sometimes faster.
2. Make sure that you select the Save button before moving off a screen.

Commonly Used SmartCare Tools & Icons

Icon	Name	Description
🗋	**New**	Will allow you to create a new entry based on the page that is displayed. For example, if the Authorizations page is displayed, clicking this icon displays the Client Search screen so you can create a new authorization for a client, or a new document or list page.
💾 Save	**Save**	Will allow you to save what you are working on. Click this icon to save your work without closing the page.
✕	**Close**	Will close the screen you are currently on and take you to the previous screen.
🗑	**Delete**	Displayed on certain pages, such as the Inpatient Activity Details page. Click this icon to delete the action displayed on the page. You will not able to retrieve what you delete.
AB✓	**Spell Check**	Displayed on any page throughout SmartCare where there is a free-form Comment field. Use to check the spelling of any text entered in free-form comment fields you completed on the page.
⤓	**Export**	Click this icon to export the data in the body of a list page into an Excel spreadsheet.
★	**Favorite(s)**	Click this icon to display a hyperlinked list of favorite pages and windows you marked as favorites. Click the link to display the page or window. Use the New Favorite icon to save a favorite page.

Icon	Name	Description
		▪ Filters are specific to a user. ▪ Filters are not specific to clients. ▪ To create a filter, enter all filter parameters in the list page and click Apply Filter, click on New Favorite(s). This will save the filter that is currently displayed on the list page, enter a filter name, click OK button to complete.
ℹ	**Information**	Provides information about screen/document (who and when created and modified).
⧉	**Copy Service**	When selected this will open a calendar. Once date and time have been selected, Procedure and Location will copy from original service. ▪ This icon is meant to be used with services.
📅	**Schedule Follow-Up**	When selected will open calendar. Once date and time have been selected, Procedure and Location will copy from original service. ▪ This is meant to be used with services.
📅	**Reschedule**	When selected it will open a calendar. Once date and time have been selected New Entry Type pop-up will appear, unlike other times this will have a Reschedule option. Select Reschedule and enter cancel reason, then click OK. Service will then open with selected Date and time, Procedure and Location will copy from original service. ▪ This can only be used with Scheduled services.
✉	**Messaging**	Allows you to send a message and automatically attach client document to message. ▪ Utilized with Documents.
💼	**Unsaved Changes Briefcase**	This briefcase contains items that have not been saved. If you have left pages where you entered or changed data and did not save the page, SmartCare holds onto the changes for a certain amount of time. The information on these pages is held to give you an opportunity to save your work. 1. You can discard these changes by clicking "Discard All" or leave the changes unsaved by clicking the "Review Later" button or you may click "Cancel". 2. Unsaved changes should NOT be used to track items user needs to work on, widgets can accomplish this. 3. These changes only remain in your suitcase for 48 hours **BEST PRACTICE:** Try not to have many unsaved changes or keep a document under unsaved changes for too long as items can become corrupted and can no longer be accessed.
🔔	**Notification**	The Bell icon lists active messages and notifications. Select each from the dropdown to read and resolve it.
🕘	**History**	Allows you to quickly access the last screens or clients within a logged in session. Use to view all the pages you have accessed in this session in the sequence accessed. Click the tool to return to a specific page.

Icon	Name	Description
		1. It will also list client records that have been opened within a logged in session. 2. When you log out of the session, your history will be erased. 3. The history window displays the last 13 QuickLinks and/or clients you have accessed in your current SmartCare session.
⏻	**Logout**	Displayed on the Title bar. Click the icon when you are ready to sign off and close your session in SC.
?	**Help**	Displayed on all SC pages. Use this to display help on the specific SC module. **NOTE:** Not all Help sections contain current SC application information and currently does not contain ACBH work processes.
📋	**Validate**	After completing a section, you can hit the validate button and the system will specifically highlight what fields are required, that you might not have chosen or any issues that it is finding while it is validating. The validation button in SmartCare serves as a helpful tool to ensure that all necessary data is provided and that any errors or discrepancies are identified. **NOTE:** SmartCare currently does not indicate what fields are required with an asterisk (*). Until this is implemented, use this feature to identify required fields.

**Based off of the R6 Navigation User Guide*

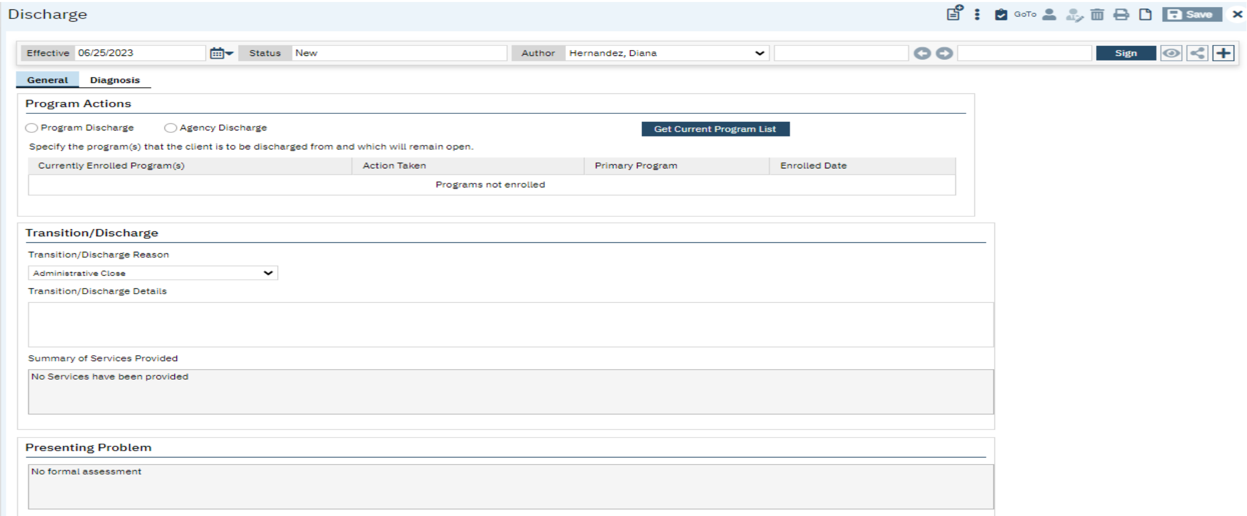
Chapter 3: Use of Documents Within SmartCare

Documents

Information is not entered through dashboards or list pages, instead most information is entered into SmartCare by use of documents and detail pages. Documents are individual iterations of a template, and many List Pages are lists of Documents.

SmartCare Documents are pages that allow you to enter data into specific fields and you have the ability to save the overall document to its associated client or to a system record. Most Documents are informational – they record MHS Registration, Program Enrollment, Admissions, Discharges, and Annual data. You cannot bill Services from Documents alone, and a MHS Program Enrollment is required to complete Service Entry.

Use of documents allows information to be pulled for Reporting, State Reporting, etc. and used for initializations, or checked against validations. This is an example of a Discharge Document:



Effective 06/25/2023
Status New
Author Hernandez, Diana

Program Actions

○ Program Discharge ○ Agency Discharge

Specify the program(s) that the client is to be discharged from and which will remain open.

Currently Enrolled Program(s)	Action Taken	Primary Program	Enrolled Date
Programs not enrolled			

Transition/Discharge

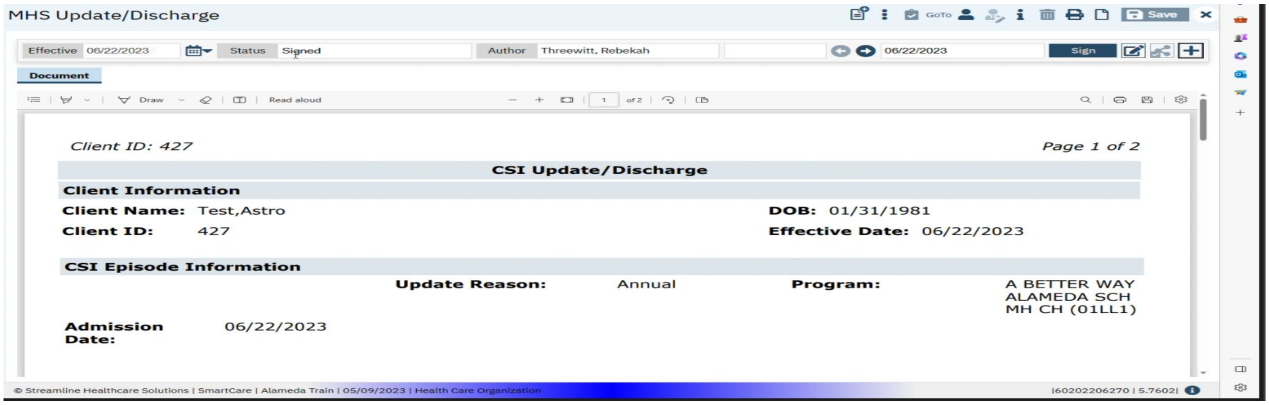
Transition/Discharge Reason: Administrative Close

Transition/Discharge Details

Summary of Services Provided: No Services have been provided

Presenting Problem: No formal assessment

Example of a Discharge pdf.



MHS Update/Discharge

Effective 06/22/2023 | Status Signed | Author Threewitt, Rebekah | 06/22/2023

Document

Client ID: 427 | *Page 1 of 2*

CSI Update/Discharge

Client Information

Client Name: Test,Astro | **DOB:** 01/31/1981

Client ID: 427 | **Effective Date:** 06/22/2023

CSI Episode Information

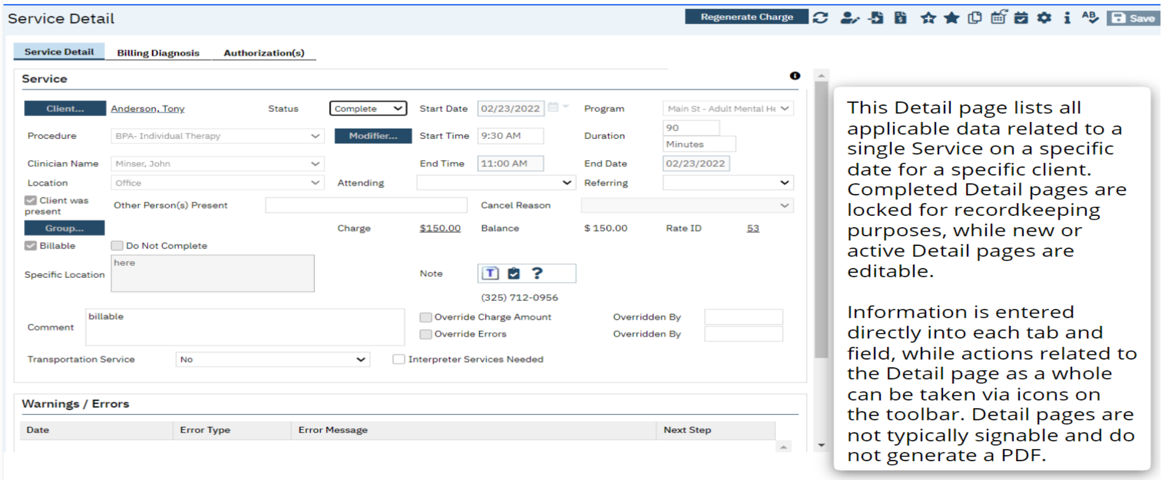
Update Reason: Annual | **Program:** A BETTER WAY ALAMEDA SCH MH CH (01LL1)

Admission Date: 06/22/2023

© Streamline Healthcare Solutions | SmartCare | Alameda Train | 05/09/2023 | Health Care Organization |60202206270 | 5.7602|

Detail Pages

Detail pages are specific to certain types of data entry, they are not typically signable and do not generate pdf. They contain a great deal of information about a specific action, event, or record, e.g. Service Entry.



Service Detail

Service Detail | Billing Diagnosis | Authorization(s)

Service

Client... Anderson, Tony
Status: Complete
Start Date: 02/23/2022
Program: Main St - Adult Mental He
Procedure: BPA- Individual Therapy
Start Time: 9:30 AM
Duration: 90 Minutes
Clinician Name: Minser, John
End Time: 11:00 AM
End Date: 02/23/2022
Location: Office
Attending:
Referring:
☑ Client was present
Other Person(s) Present:
Cancel Reason:
Charge: $150.00
Balance: $ 150.00
Rate ID: 53
☑ Billable
☐ Do Not Complete
Specific Location: here
Note: (325) 712-0956
Comment: billable
☐ Override Charge Amount
Overridden By:
☐ Override Errors
Overridden By:
Transportation Service: No
☐ Interpreter Services Needed

Warnings / Errors

Date	Error Type	Error Message	Next Step

This Detail page lists all applicable data related to a single Service on a specific date for a specific client. Completed Detail pages are locked for recordkeeping purposes, while new or active Detail pages are editable.

Information is entered directly into each tab and field, while actions related to the Detail page as a whole can be taken via icons on the toolbar. Detail pages are not typically signable and do not generate a PDF.

Completed documents and detail page entries will be accessible through the appropriate list page.

Client Records

The Client Record contains client information, entered into SmartCare concerning a client. The Client Search feature allows you to search from a pool of clients and select a client record or create a new record. Having a Client Record selected does a number of things in the system: it allows you to take actions that impacts registration, it allows you to run reports on the client, and it configures all client data-focused Widgets to display information on that Client via the Client Dashboard.

Scan and Upload Documents

Smartcare has the ability to scan and upload documents and it is currently under construction. This functionality will enable users to upload and scan various medical documents such as Medi-Cal cards, Authorization documentation, Driver's Licenses, and much more.

Chapter 4: Client Search

Before you can work with any client information in SmartCare, the client must have a SmartCare Client ID. If a client is new to your program, you must determine whether the client has a Client ID in SmartCare, by using the Client search screen, described below. If you cannot find an assigned Client ID, a new Client ID is needed, see Chapter 5 for instructions.

NOTE: It is possible that a client could have multiple last names, multiple first names and aliases, etc. To prevent creating a duplicate client and before registering a new client be sure you have tried all possible spellings of the client's name and aliases.

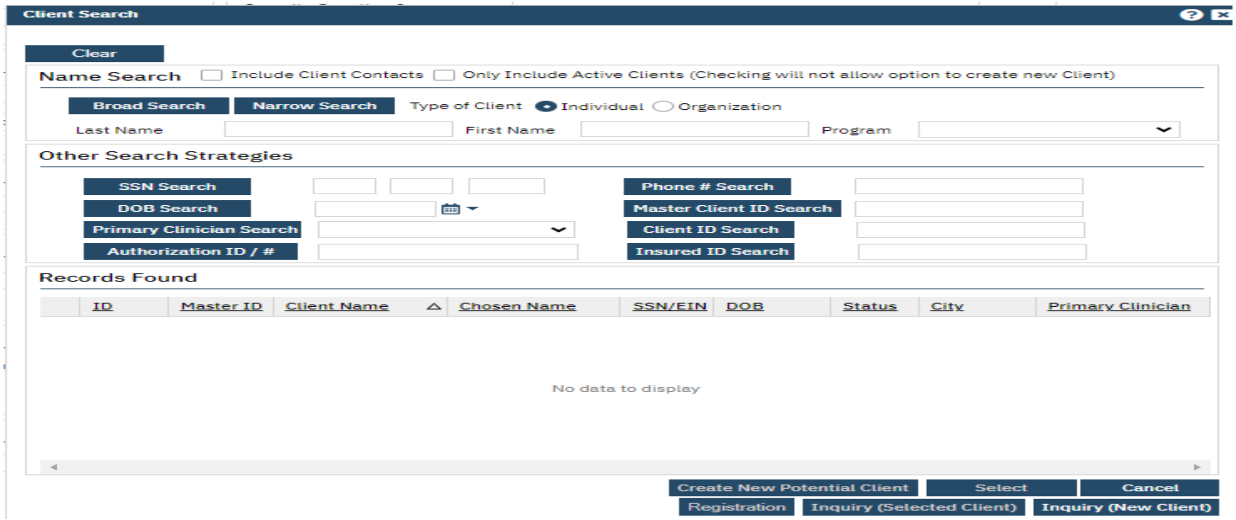
Preventing Duplicate Client Registration

- If there is a Social Security Number (SSN) in the system that is the same as the SSN you are searching for, the system displays an error message and does not let you continue.
    - You ***cannot*** override a Social Security Number match.
    - If you are sure that the SSN you entered is correct refer to your supervisor.
- If there is a client in the system with the same name and same birth date you are searching for, the system displays an error message and does not let you continue.
    - If two different clients have the exact same name and same birth date they may be duplicate clients refer to your supervisor.

Begin Client Search

1. Click on the Client Icon at the top of the SmartCare window to activate the client search option:

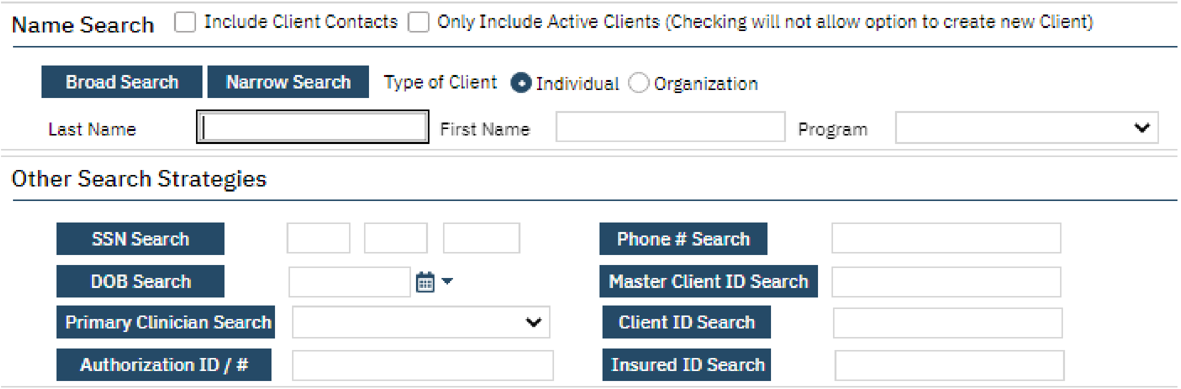
2. Click on the <Client Search> button to activate the Client Search screen as shown below:



NOTE: SmartCare allows for multiple search options, as well as the Client Name from the Client Search screen.

Client Search Field Definitions

- **Client Name:**
- **Social Security Number:** The Social Security Number is the fastest way to find the client. If you have the client's SSN (not all 9's), enter the SSN in the SSN Search field, and click the SSN Search button.
- **DOB:**
- **Master Client ID Search:**
- **Client ID Search:**
- **Insured ID Search:**


Name Search ☐ Include Client Contacts ☐ Only Include Active Clients (Checking will not allow option to create new Client)

Type of Client ● Individual ○ Organization

Last Name | First Name | Program

Other Search Strategies

3. **Enter the client SSN. NOTE: When SSN is unknown, enter all 9's.**
4. Click the "SSN Search" button
5. Enter the client's last name and first name and Click the "Broad Search" button (**NOTE:** There is a minimum of 3 characters required to search)

If the client's name search results in


No Search Records Found

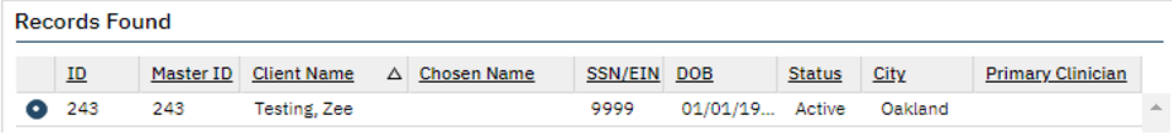
6. Enter the client's SSN and click the SSN Search button

If the client name search and the SSN search results in


No Search Records Found

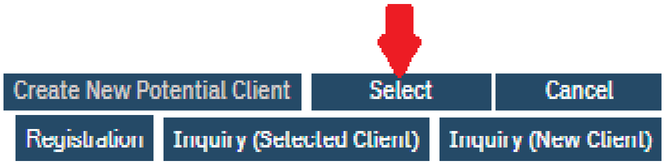
7. Enter the client's DOB and click the DOB Search button

These three combinations will most likely provide results – the search results are found on the Records Found section of the Client Search screen:

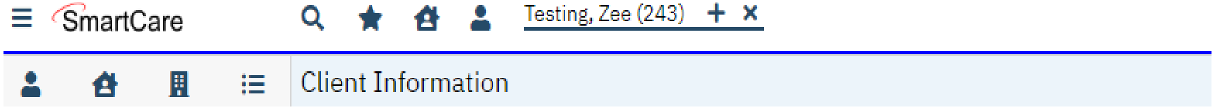

Records Found

	ID	Master ID	Client Name	Chosen Name	SSN/EIN	DOB	Status	City	Primary Clinician
●	243	243	Testing, Zee		9999	01/01/19...	Active	Oakland	

8. Carefully review the Records Found results to determine if the client you are searching for is listed, once you find your client select your client using the radio button as shown above and click on the Select button



9. Your client will now appear at the top of the SmartCare window next to the Client Icon by client name and client ID



Next step requires moving to the Mental Health Services Registration document to capture required data fields.

Chapter 5: Create a new Client ID

Before registering a new client, be **100**% sure you have tried all possible spellings of the client's name and client's alias names to prevent creating a duplicate Client ID. If you cannot find a client using the Client Search Screen, you must activate the ***Create New Potential Client*** option to generate a Client ID before you can start the Mental Health Services Registration document to Enroll/Admit the client to a Program before entering Services.

NOTE: Follow the ACBH Client Registration & Client Naming Convention Rules below to generate a new Client ID, the Rules can also be found in Appendix.

Client Registration Rules & How to Ask the Right Questions:

1) *What is your name on your CA ID/ID or DL? (Field Name: **First Name, Middle name & Last name**.)*
2) *What is your preferred name? (Field Name: **Aliases - Preferred Name;** First, Middle & Last.)*
3) *What is your Gender Identity?* (Field Name: **Gender Identity) NOTE:** Multiple selections will be available at a future date.
4) *What is your sex of record on your Medi-Cal account (M/F/U)?* (Field Name: **Sex,** one selection allowed of M/F/U. If client does not know-select U.)
5) *What is your Sexual Orientation?* (Field Name: **Sexual Orientation**, multiple selections allowed.)
6) *What are your Pronouns*? (Field Name: **Preferred Pronoun,** multiple selections allowed.)
7) What is your Date of Birth listed on *your CA ID/DL or on your birth certificate*? (Field Name: **Date of Birth**)

NOTE: *If clients name and/or DOB are unknown or unable to obtain:*

- ***all will be listed consistently as: Jane or John Doe with DOB 1/1/1900***.
- *All other fields above are listed as unknown if client does not answer the questions.*

Client Naming Convention Rules

Because the information entered in the Client Registration screen establishes the client's identity, it is best to ask the client for a form of ID (CA ID, DL, SSN Card or other document) to be used for entering the client demographic data. Three critical pieces of information must be entered correctly: **client name, birth date, and Social Security Number.**

Client Last Name:

- Enter a last name as listed on the CA ID/ID, SSN Card or DL
  - Leave out apostrophes and blank spaces
    - "O'Connor" should be typed "OConnor"
    - "Torres-Smith" should be typed "Torres-Smith"
  - DO NOT enter Jr., Sr., etc. in the Last Name field, these are to be entered in the ***Suffix*** field
  - DO NOT enter spaces in front of name

Client First Name:

- Enter a first name as listed on the CA ID/ID, SSN Card or DL
  - Leave out apostrophes and blank spaces
  - DO NOT enter spaces in front of the name

Client Middle Name (optional):

- Enter a middle name as listed on the CA ID/ID, SSN Care or DL
    - Leave out apostrophes, dashes and blank spaces
    - DO NOT enter spaces in front of name

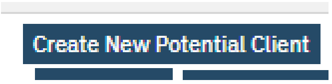
Client Suffix:

- Enter the client suffix title that is part of the client's name, such as Jr., Sr., or the Roman Numerals II, III, etc.

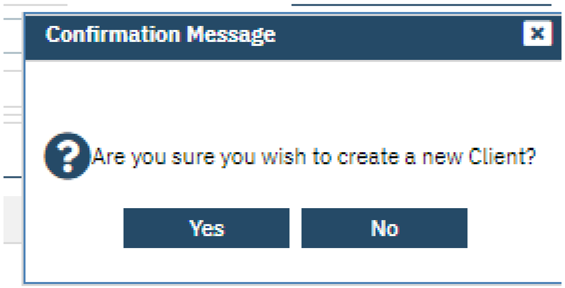
NOTE: SmartCare requires three (3) basic searches before the system will activate the ***Create New Potential Client*** option button to create a new Client ID.

- Broad Search
- SSN Search
- DOB Search

ENTER BASICALLY THE SAME INFORMATION AS USED FOR CLIENT SEARCH - MODIFY AS NEEDED

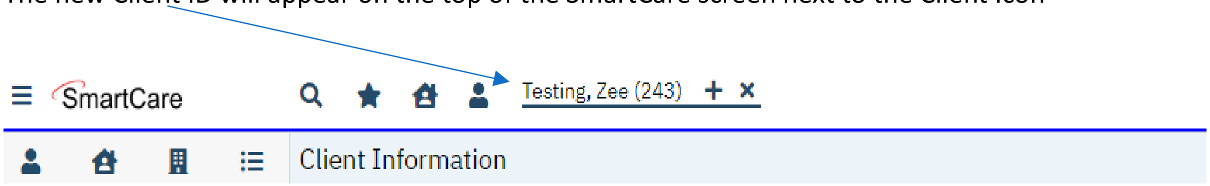


Click Yes when asked to confirm you want to make a new Client.



Are you sure you wish to create a new Client?

The new Client ID will appear on the top of the SmartCare screen next to the Client Icon



Once you have created the new Client ID, if the client has an alias use the Alias Tab to enter the alias information.

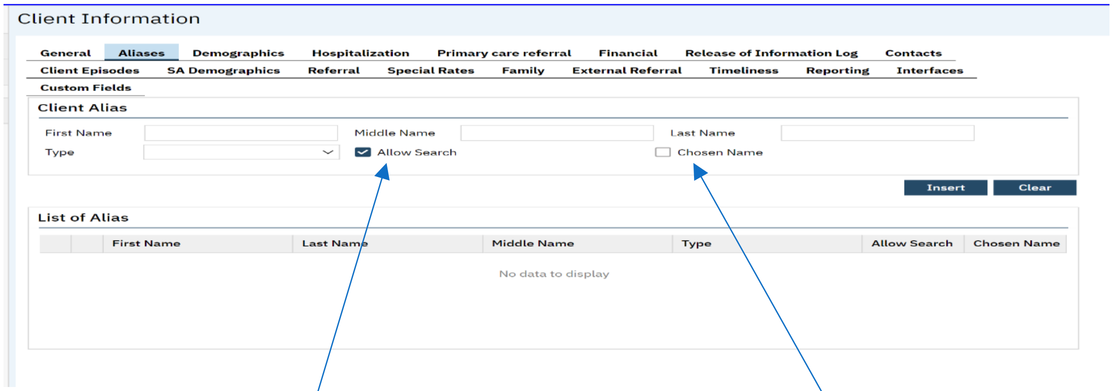
Client Alias Name

The purpose of gathering alias information is to provide an additional means of searching for a person's name. By including aliases or alternate names that an individual may be known by, the search capabilities of the system are enhanced. This allows for a more comprehensive and accurate retrieval of information when conducting searches or generating reports.

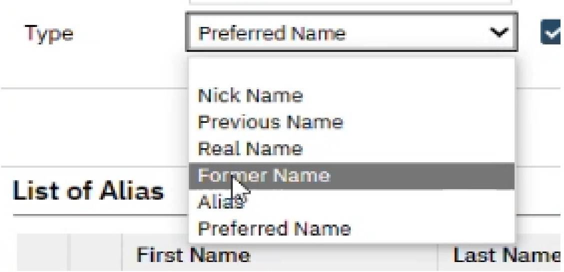
In many cases, individuals may have multiple names they are known by, such as nicknames, maiden names, or previous legal names. By capturing and storing this alias information within SmartCare, the system can broaden its search parameters and increase the likelihood of finding relevant records associated with the client.

Enter this information when registering a client.

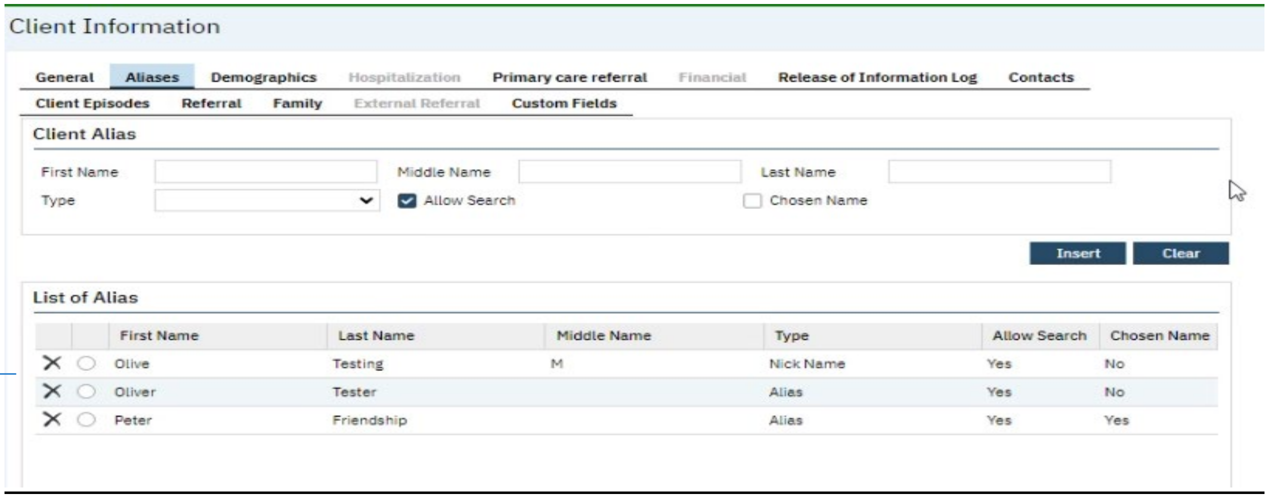
1. If the client has ever used an alias, enter them under the “Alias Tab”. You may enter as many aliases as needed via the Client Information Screen.



2. Enter Alias information, e.g. First name, Last Name.
3. Assign “Alias Type” by selecting Dropdown Menu



4. “Allow Search” box is auto populated with a checkbox, which enables the search criteria.
5. If the Alias is what they would like to use as their primary name, please click the “Chosen Name” checkbox.
6. Select “Insert” and then “Save”. If you don’t save it, it will appear in your suitcase or can be lost.
7. Once an Alias is generated and inserted to a client record the Alias will appear on the “List of Alias” table and will appear in searches if you select the allow search box.



☑ Allow Search

☐ Chosen Name

		First Name	Last Name	Middle Name	Type	Allow Search	Chosen Name
✕	○	Olive	Testing	M	Nick Name	Yes	No
✕	○	Oliver	Tester		Alias	Yes	No
✕	○	Peter	Friendship		Alias	Yes	Yes

The above shows a list of the aliases for this client.

Contacts Tab - Client Information Screen

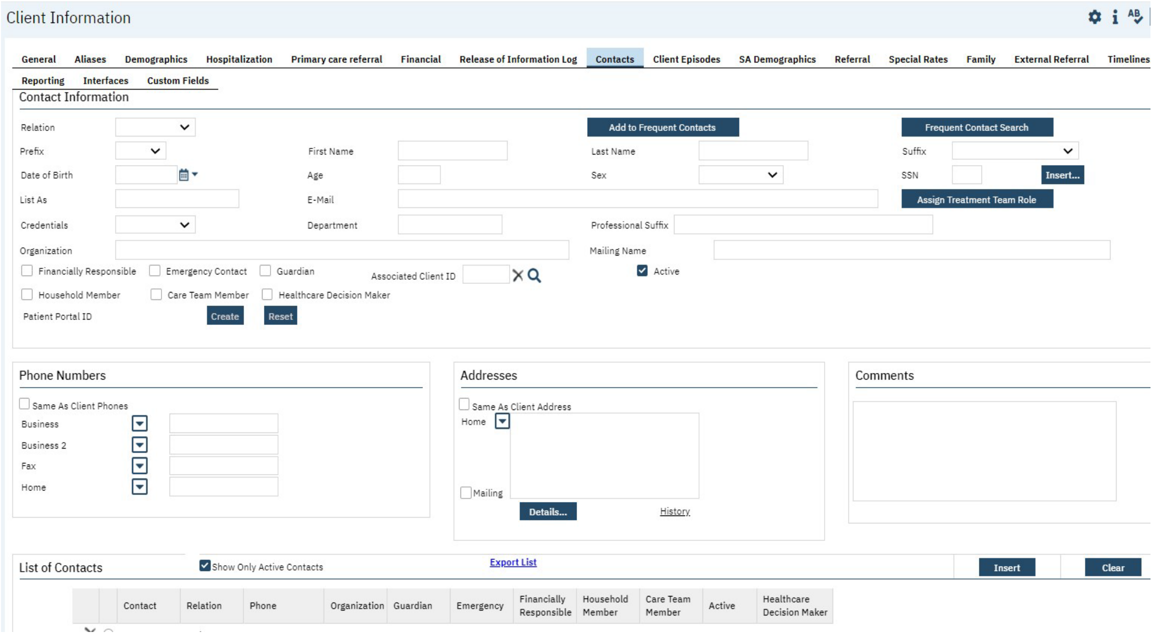
This tab is used to add records indicating additional individuals that are important to the client's care. When you navigate to the tab the first time, the "List of Contacts" grid is empty if there are not already any contacts listed in the client's record.

The Registration form must be saved before you are able to add a new contact.

NOTE: Saving the form is different from signing, as saving does not require all validations to be fulfilled.

Client Information Contacts Tab Required Fields:

- Relation (Required): Select the relationship the contact has with the client.
- First Name (Required): Enter the contact's first name.
- Last Name (Required): Enter the contact's last name.



Add a new contact or modify an existing contact by following the steps below.

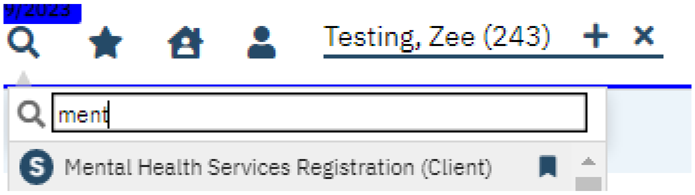
1. Click the Add/Edit Contacts button. The Client Information screen opens to the Contacts tab.
2. Complete the areas on the tab and click the Insert button. Refer to Client Information Contacts Tab Field Definitions for information about each field.

Chapter 6: Mental Health Services Registration document

The Mental Health Services Registration document is used to capture required data fields for **Client Information/demographic** and opening an **Admission using the Program Enrollment** by completing the following steps:

1. Click on the Magnifying Glass and enter the search term “Mental”

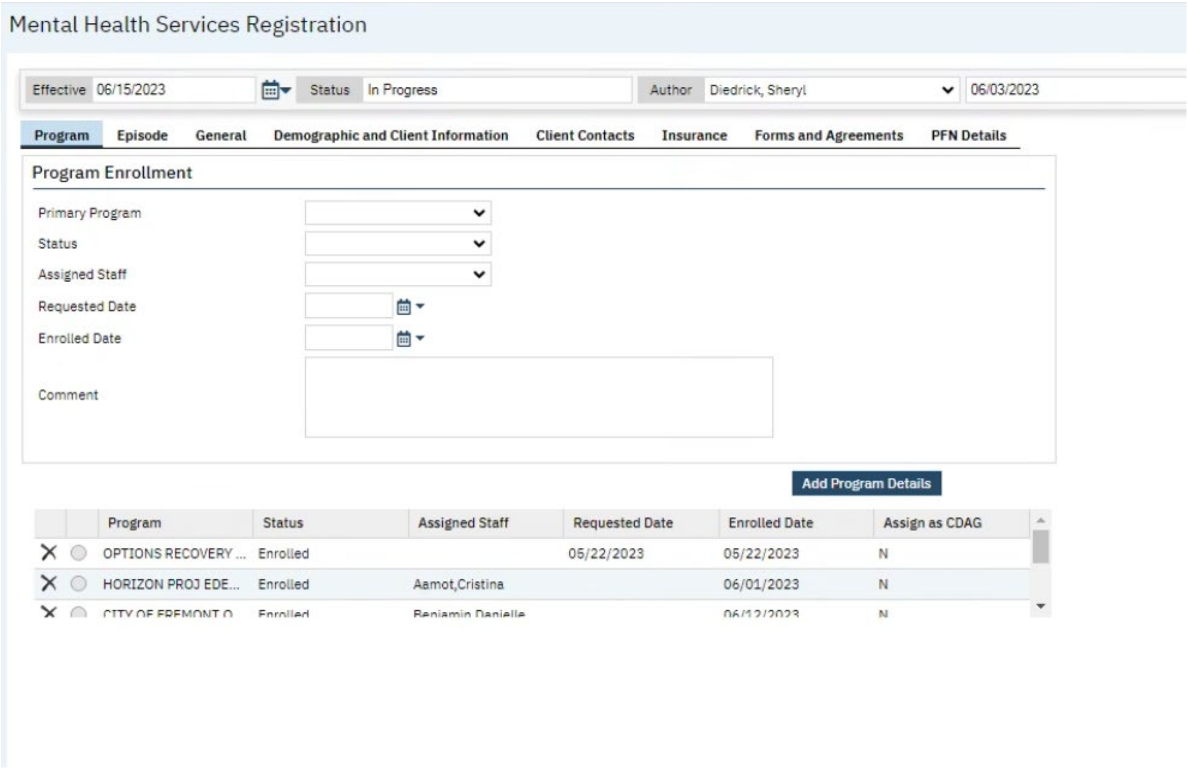
2. Select “Mental Health Services Registration (Client)” from the drop list



Testing, Zee (243)

ment

Mental Health Services Registration Screen



Effective 06/15/2023 Status In Progress Author Diedrick, Sheryl 06/03/2023

Program Enrollment

Primary Program

Status

Assigned Staff

Requested Date

Enrolled Date

Comment

		Program	Status	Assigned Staff	Requested Date	Enrolled Date	Assign as CDAG
✕	○	OPTIONS RECOVERY ...	Enrolled		05/22/2023	05/22/2023	N
✕	○	HORIZON PROJ EDE...	Enrolled	Aamot,Cristina		06/01/2023	N
✕	○	CITY OF FREMONT O...	Enrolled	Benjamin,Danielle		06/12/2023	N

Since you have the newly created client number still selected on your screen, the Registration Document automatically uses that client name and number for the new registration.

Mental Health Services Registration Document

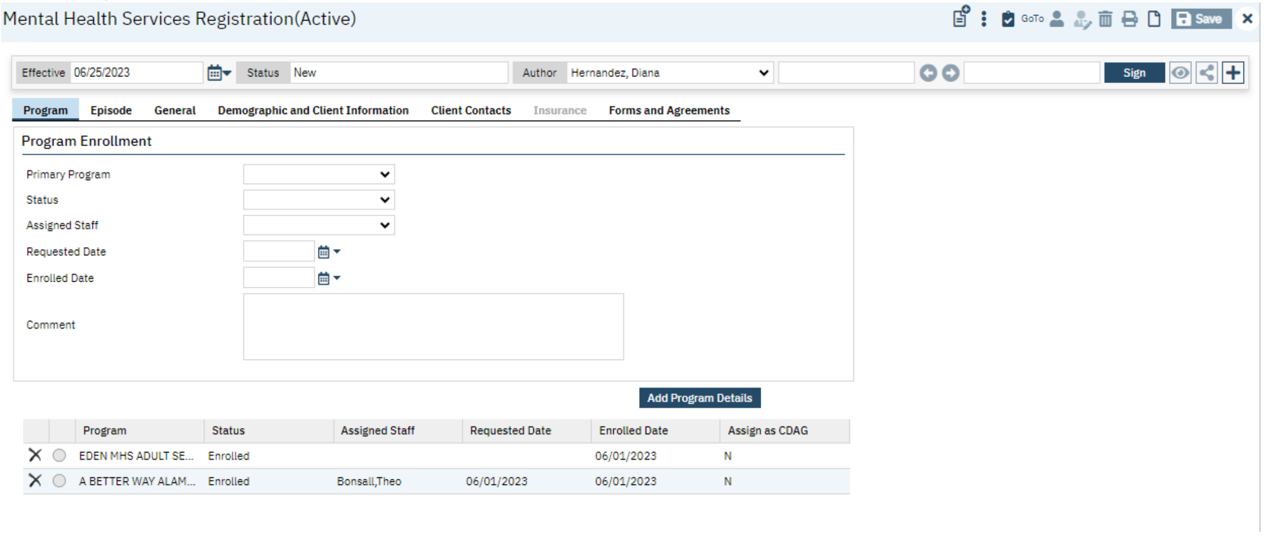
Tabs act like separate pages or sections on a document, typically containing different categories of information. The tabs required to complete/sign the Mental Health Services Registration document are noted in **red** font below, the other tabs are available but not required at this time:

Tabs:

- **#1: Program Tab**
- **#2: Episode Tab**
- **#3: General Tab**
- **#4: Demographic and Client Information Tab**
- ~~#5: Client Contacts Tab~~
- ~~#6: Insurance Tab~~
- ~~#7: Forms and Agreements Tab~~ – the tab is available, but not being used at this time.
- **#8: PFN Details Tab – this tab only applies to Santa Rita Staff**

#1: Program Tab

Program Enrollment/Admission is a period of treatment for a client at a Program. Before you can enter services for a client, there must be an open Program Enrollment/Admission for the client in the Program providing the service.



Mental Health Services Registration(Active)

Effective 06/25/2023 Status New Author Hernandez, Diana

Program Enrollment

Primary Program

Status

Assigned Staff

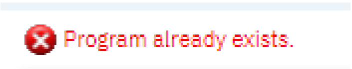
Requested Date

Enrolled Date

Comment

		Program	Status	Assigned Staff	Requested Date	Enrolled Date	Assign as CDAG
✕	○	EDEN MHS ADULT SE...	Enrolled			06/01/2023	N
✕	○	A BETTER WAY ALAM...	Enrolled	Bonsall,Theo	06/01/2023	06/01/2023	N

NOTE: The system is designed to only allow one Open Program Enrollment for the same Program. The following message appears when tempting to Add a new Program Enrollment when the Program is already Opened:

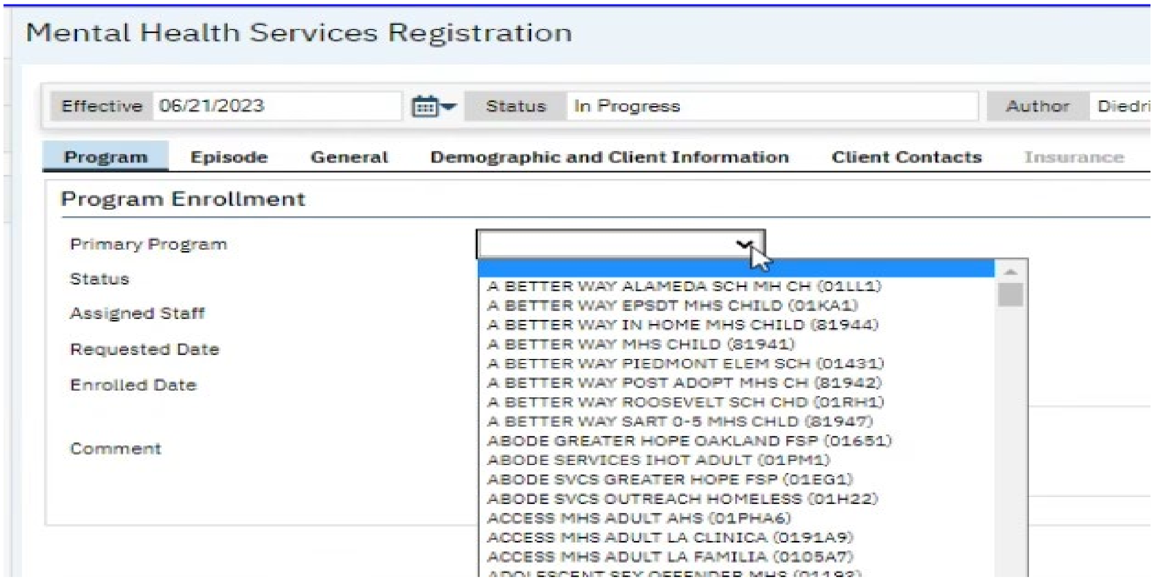


Program already exists.

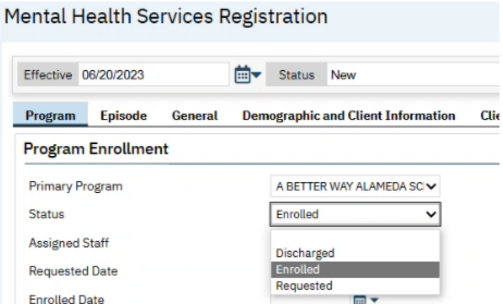
To Enroll/Admit the client to a Program complete the required fields in bold below:

1. **Primary Program: Required.** This will display a list of programs the user has permission to.

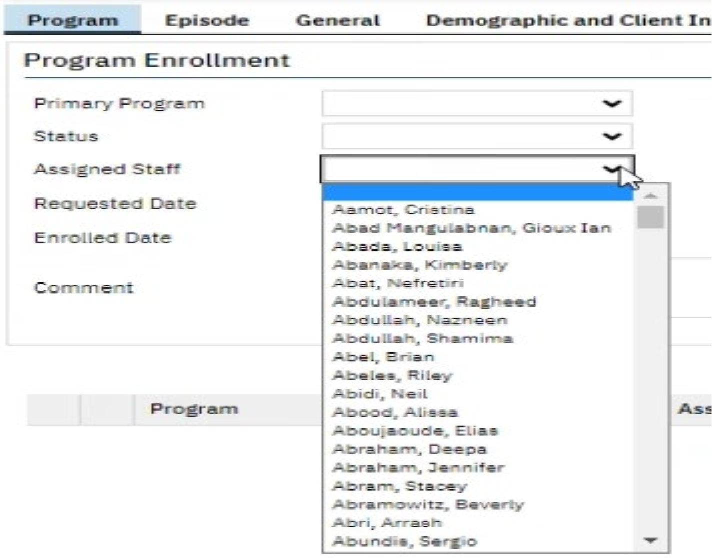
NOTE: If you do not see the Program needed to Enroll/Admit the client, please contact your manager or the Help Desk. You cannot proceed without this required information.



2. **Status: Required.** This is a dropdown list that allows you to Enroll in the program.



3. **Assigned Staff** – **Required**. Click on the drop-down list and select the active Clinician enrolling/admitting the client to the Program.



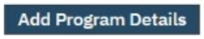
4. **Requested Date: Not required.**

   TIP: Clicking the double angle brackets (<< or >>) in the calendar navigates you backward or forward by one year. Clicking the single angle bracket (< or >) navigates you backward or forward by one month. For pre-set dates, click the applicable hyperlink in the Streamline Date/Time Language section at the bottom of the pop-up calendar.

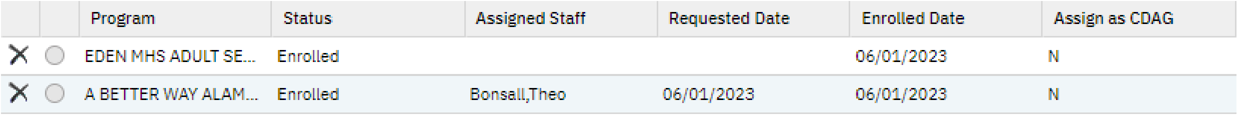
5. **Enrolled Date**: **Required.** Enter the start date for the period of treatment/admission.
6. **Comment: Not Required.**

		Program	Status	Assigned Staff	Requested Date	Enrolled Date	Assign as CDAG
✕	○	A BETTER WAY ALAM...	Enrolled	Tatiparti,Nagaraj		06/05/2023	N
✕	○	A BETTER WAY SART ...	Enrolled	Moore,Lisa		06/12/2023	N

7. When finished entering the data into the fields, click on the "**Add Program Details**" button to insert the program. There could be multiple line items in the table. With each additional MHS Registration, the list will track each program enrollment overtime..



Click the **ADD Program Details** button and at the bottom of the screen you can see that the status is listed as "Enrolled".

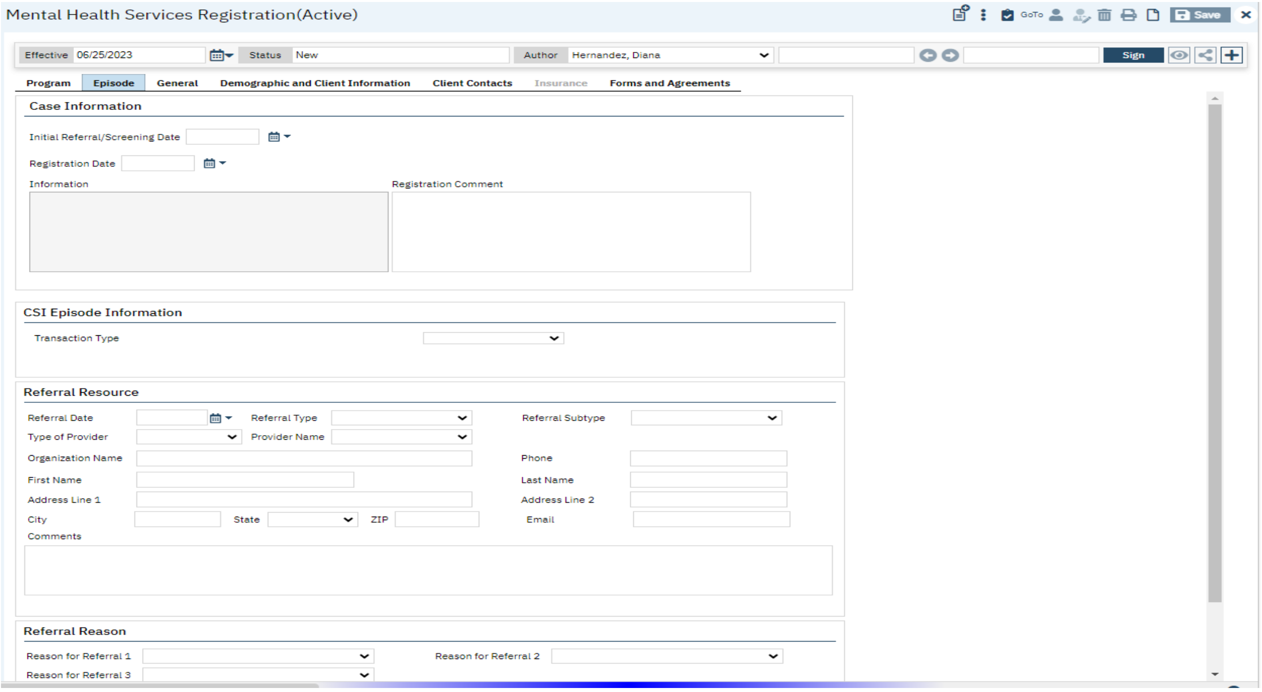


		Program	Status	Assigned Staff	Requested Date	Enrolled Date	Assign as CDAG
✕	○	EDEN MHS ADULT SE...	Enrolled			06/01/2023	N
✕	○	A BETTER WAY ALAM...	Enrolled	Bonsall,Theo	06/01/2023	06/01/2023	N

#2: Episode Tab

The Episode in SmartCare is a functionality called the overarching Episode. ACBH is not currently using this overarching Episode functionality.

NOTE: However, you are required to complete the Registration Date, when a Registration Date is not indicated on the Episode Tab.



Effective 06/25/2023

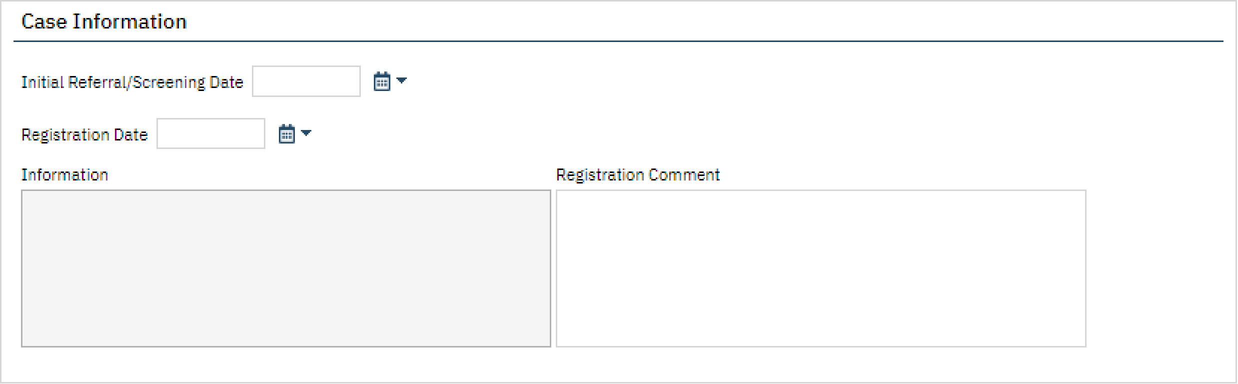
Status New

Author Hernandez, Diana

Case Information Section:

Registration Date: Required.

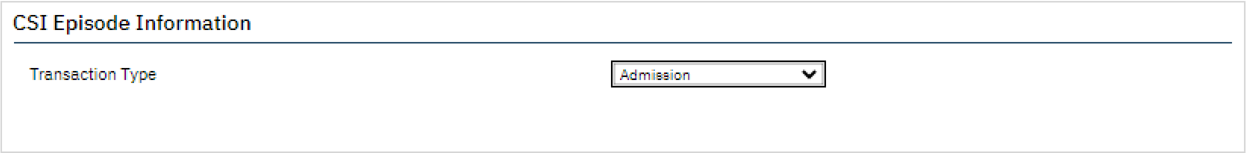
For this section, only the Registration date is required, if a registration date does not already exist. The registration date will be the same date as the enrollment date.



NOTE:

- If you are completing **InPatient** enrollment, the CSI Episode Information Transaction Type field is required.
- If you are completing **OutPatient** enrollment, the CSI Episode Information Transaction Type fields is **not** required.

CSI Episode Information Section: **InPatient Transaction Type**: **Required.** Indicate the initial "Admission".

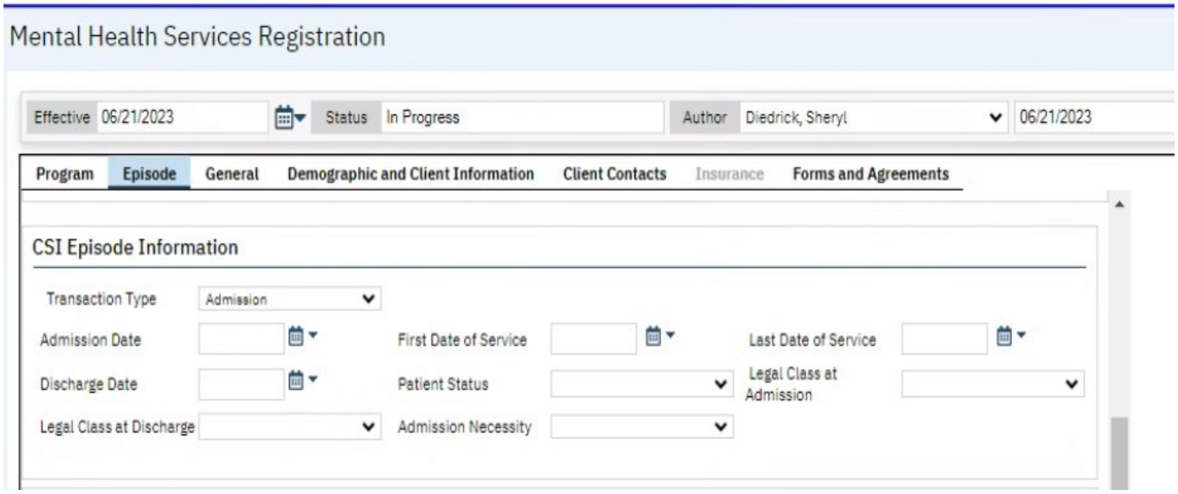


CSI Episode Information

Transaction Type: Admission

Once the Admission value is selected, click the **Save** button. Once you save it, it will invoke the InPatient Data fields shown below:

InPatient Enrollment



Mental Health Services Registration

Effective: 06/21/2023

Status: In Progress

Author: Diedrick, Sheryl 06/21/2023

CSI Episode Information

Transaction Type: Admission

Admission Date

First Date of Service

Last Date of Service

Discharge Date

Patient Status

Legal Class at Admission

Legal Class at Discharge

Admission Necessity

Transaction Type: **Required.** Select Admission from the dropdown menu

First Date of Service: **Not Required**

Last Date of Service: **Not Required**

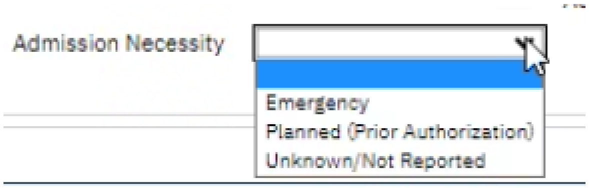
Discharge Date: **Not Required –** Required for Discharge

Patient Status: **Required**. You will need to select Still a patient or expected to return

Legal Class of Admission: **Required**. These are the same that we complete today.

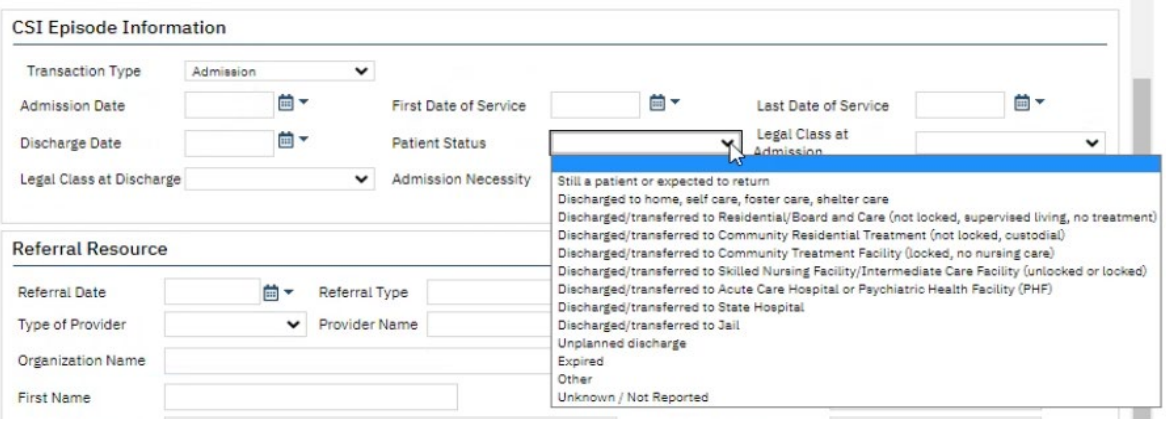
Legal Class of Discharge: **Not Required** for the admission – Required for Discharge

Admission Necessity: **Required**. Select from one of these options:



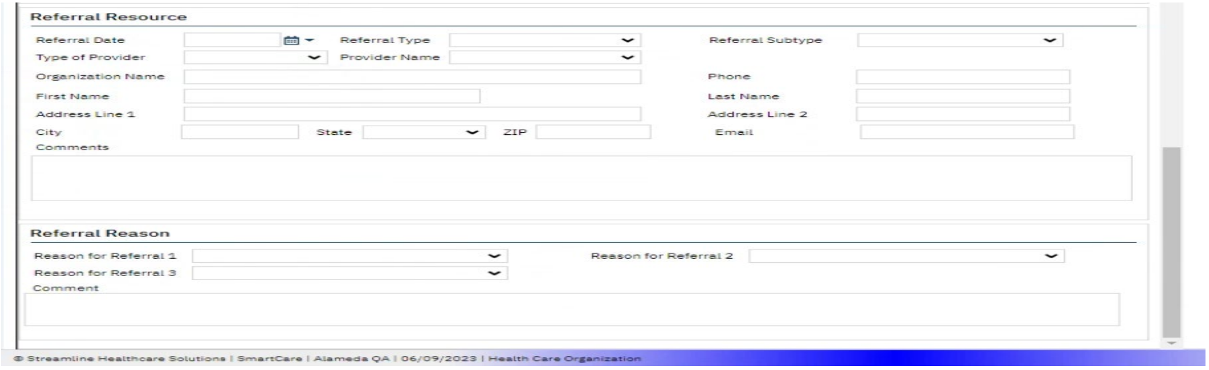
Admission Necessity

- Emergency
- Planned (Prior Authorization)
- Unknown/Not Reported



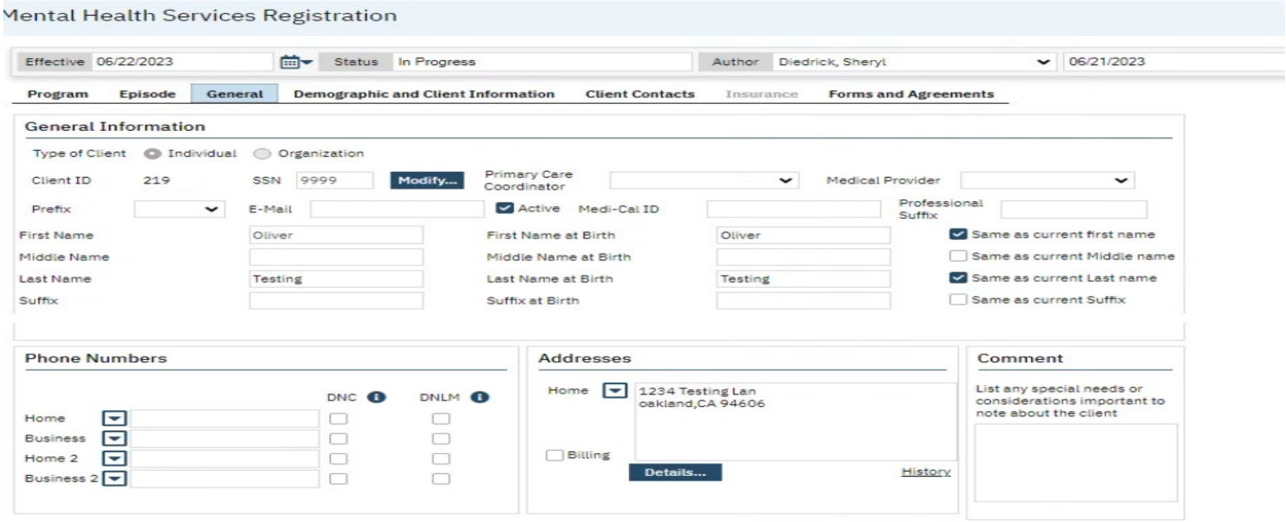
Transaction Type Admission

Referral Resource & Reason Section: **Not Required.**



#3: General Tab

The General tab contains general information about the client such as name, e-mail address, phone number, address, etc. If an Inquiry was performed and/or Client Information was updated, some fields are already populated on this tab.



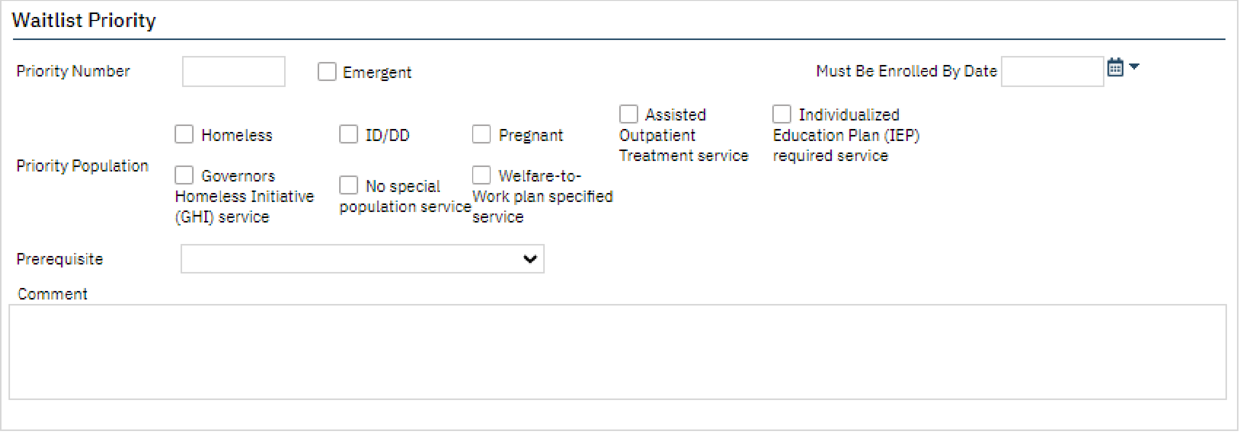
Effective 06/22/2023
Status In Progress
Author Diedrick, Sheryl 06/21/2023
Type of Client ● Individual ○ Organization
Client ID 219
SSN 9999
☑ Active
First Name Oliver
Last Name Testing
First Name at Birth Oliver
Last Name at Birth Testing
☑ Same as current first name
☑ Same as current Last name
Home 1234 Testing Lan
oakland,CA 94606

Data fields should be initialized from the client information or a previous Mental Health Registration document. If not, then complete the following required fields:

- First Name at Birth: **Required.**
- Middle Name at Birth : **If Applicable.**
- Last Name at Birth: **Required.**
- Suffix at Birth: **If Applicable.**
- Phone Number: **If Available.**
- Addresses: **Required.**

Note: Enter the **Zip Code** for the **City Hall** of the city where the client indicates they most often sleep (in a shelter or on the street). Please see the appendix for a list of the Counties and their zip codes.

Waitlist Priority: Not Required.



Waitlist Priority

Priority Number ☐ Emergent Must Be Enrolled By Date

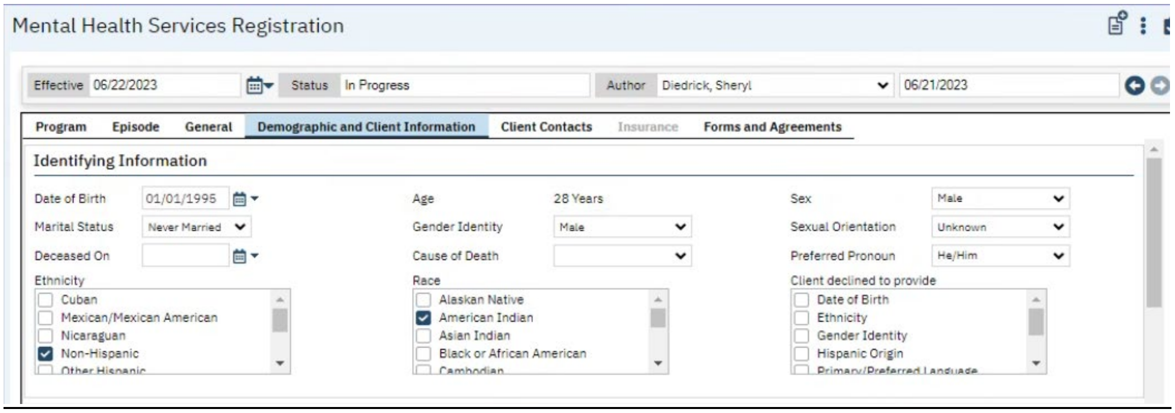
Priority Population
☐ Homeless
☐ ID/DD
☐ Pregnant
☐ Assisted Outpatient Treatment service
☐ Individualized Education Plan (IEP) required service
☐ Governors Homeless Initiative (GHI) service
☐ No special population service
☐ Welfare-to-Work plan specified service

Prerequisite

Comment

[#4: Demographic and Client Information Tab:]

Some of this data will initialize from the inquiry and registration document. Much of the information is used in other areas of the client record.



Mental Health Services Registration

Effective 06/22/2023 Status In Progress Author Diedrick, Sheryl 06/21/2023

Identifying Information

Date of Birth 01/01/1995
Age 28 Years
Sex Male
Marital Status Never Married
Gender Identity Male
Sexual Orientation Unknown
Deceased On
Cause of Death
Preferred Pronoun He/Him

Ethnicity
☐ Cuban
☐ Mexican/Mexican American
☐ Nicaraguan
☑ Non-Hispanic
☐ Other Hispanic

Race
☐ Alaskan Native
☑ American Indian
☐ Asian Indian
☐ Black or African American
☐ Cambodian

Client declined to provide
☐ Date of Birth
☐ Ethnicity
☐ Gender Identity
☐ Hispanic Origin
☐ Primary/Preferred Language

Identify Information Section: **Required.**

The Identify Information Section should initialize from the client information or a previous Mental Health Registration, if not complete the required fields.

- Sex: **Required**
- Marital Status: **Required**
- Gender Identity: **Required**
- Sexual Orientation: **Required**
- Preferred Pronoun: **Required**
- Ethnicity: **Required**
- Race: **Required**
- Deceased on and Cause of Death are completed by ACBH Staff. If these fields are available, please do not complete them.
- Client declined to provide: **Not Applicable/Not Required**

Additional Identifying Information Section: **Required.**

Additional Identifying Information

Place of Birth - Country: UNITED STATES
Place of Birth - State: California
Place of Birth - County: Madera
Special Population:
Conservatorship or Juvenile Court Status: Not Applicable
Has the client experienced a traumatic event?: Yes
General Medical Condition(s)
1. No General Medical Co
2.
3.
Does the client have a Substance Abuse/Dependence issue?: Yes, the client has a substance abuse /
Substance Abuse/Dependence Diagnosis: F10.10 Alcohol abuse, uncomplicated
What type of disability /disabilities does the client have, if any?: 3 of 16 selected

- **Place of Birth – Country: Required.** This displays the Birth Place Country of the client. If the client was not born in the United States, then the Birth State and Birth County are not required.
    - If born in the United State, then birth state is required.

- **Place of Birth – State: Required.** This displays the birth place state of the client. If the client was not born in California, then the County is not required.
    - If they were born in California, then the birth place County is required.

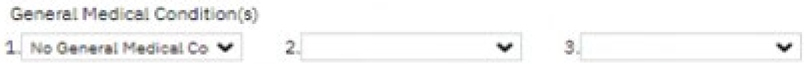
- **Place of Birth – County: Required.** This displays the birth County of the client.

- **Special Population:** This field should be disabled. If not disabled, please do not complete it. It is not applicable at this time.

- **Conservatorship or Juvenile Court Status: Required.** Identifies whether or not the client has a conservatorship or juvenile court status.

- **Has the client experienced a traumatic event?: Required.** Purpose: Identifies clients that have experienced traumatic events including experiences such as having witnessed violence, having been a victim of crime or violence, having lived through a natural disaster, having been a combatant or civilian in a war zone, having witnessed or having been a victim of a severe accident, or having been the victim of physical, emotional, or sexual abuse.

- **General Medical Conditions Fields: Required.**



General Medical Condition(s)

1. No General Medical Co
2.
3.

  - If you select "No General Medical Condition" in number 1, then #2 and #3 are not applicable.
  - If a Medical Condition is indicated in #1, such as Asthma, the General Medical Condition in #2 is required.
  - If no additional Medical Condition is identified, indicate "No General Medical Condition" in 2.
  - Duplicates are not allowed.

- **Does the client have a Substance Abuse/Dependence Issue: Required.** Select "yes" or "no". If yes, is collected then you will need to complete the next field which is the diagnosis.

- **Substance Abuse/Dependence Diagnosis: Conditional.** Select a diagnosis. Type in F10.x and it will provide a dropdown list to choose from.

- **What type of disability/disabilities does the client have, if any?: Required.** This is a multi-select drop down, select the client's disabilities if applicable.

Primary Care Physician Section: Optional.

Primary Care Physician

Primary Care Physician

☐ Client does not have PCP

Organization:

Phone #:

PCP Email:

Financial Information Section: Not Required.

Financial Information

Financially Responsible ● Yes ○ No

Annual Household Income

# of Dependents

Family Information Section: Required.

Family Information

Pregnancy Status

Mother's First Name

# of Dependents under the age of 18

# of Dependents over the age of 17

- **Pregnancy Status: Required.** Indicate if the client is pregnant.

- **Mother's First Name: Required.** Indicate the client's mother's name. If unknown, enter Unknown in this field.

- **# of Dependents under the age of 18: Required.**
- **# of Dependents over the age of 17: Required.**

Living Arrangement Section: Required.

Living Arrangement

Living: House or apartment(includes trailers)

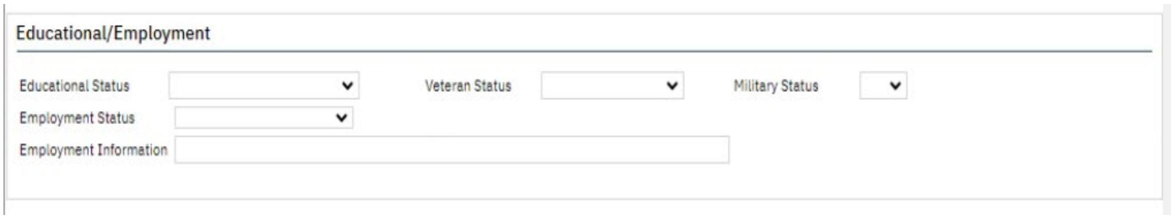
County of Residence: Alameda - CA

County of Financial Responsibility: Search here

- **Living: Required.** Select the environment in which the client is living from the dropdown list.
- **County of Residence: Required.** Start typing the name of the CA County and then select the desired county from the drop-down list.
- **County of Financial Responsibility: Required.** Enter the CA County who is financially responsible.

Refer to the appendix for additional information.

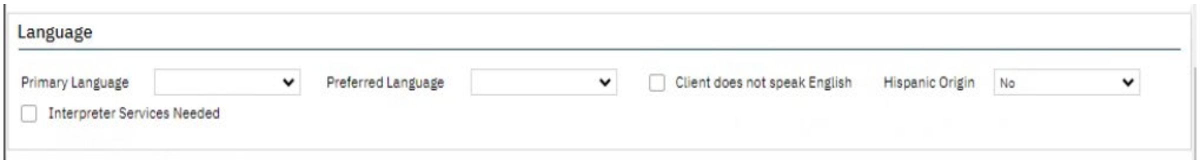
Educational/Employment Section: Required.



- Educational Status: **Required.** Identify the highest grade level completed by the client.
- Veteran Status: **Required.**
- Military Status: **Required.**
- Employment Status: **Required.**
- Employment Information: **Optional**

Refer to the appendix for additional information.

Language Section: Required.



Language

Primary Language

Preferred Language

☐ Client does not speak English

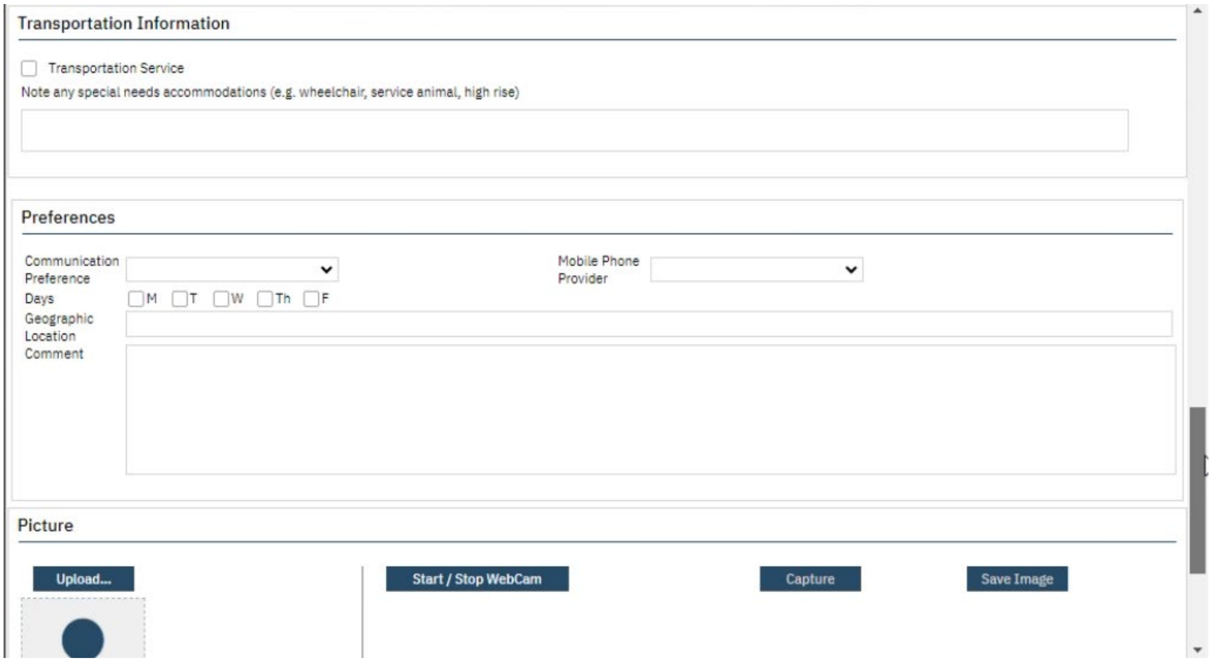
Hispanic Origin: No

☐ Interpreter Services Needed

- Primary Language: **Required.** Select the client's primary language in which to receive services.
- Preferred Language: **Required.** Select the client's preferred language in which to receive services.

- Client does not speak English check box: **Not Required.**
- Hispanic Origin: **Required.** Select details about client’s Hispanic origin.
- Interpreter Services Needed: **Not Required.** Select this check box if applicable.

Transportation Information Section, Preferences Section, and Picture Sections: **Not Required and not using at this time.**



Transportation Information

☐ Transportation Service

Note any special needs accommodations (e.g. wheelchair, service animal, high rise)

Preferences

Communication Preference

Mobile Phone Provider

Days ☐M ☐T ☐W ☐Th ☐F

Geographic Location

Comment

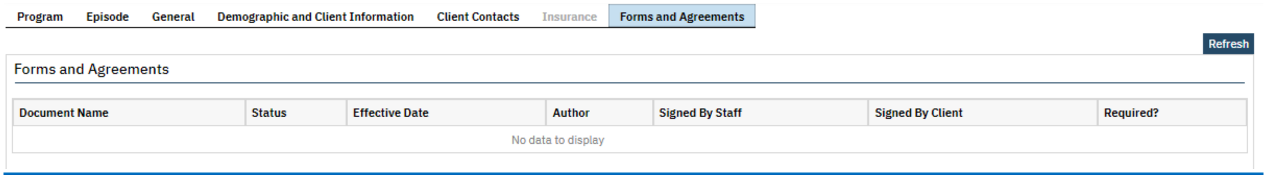
Picture

These three sections are Not Required at this time. There is no need to complete this section.

#5: Insurance Tab: **Not Required.**

This tab should be grayed out and inaccessible, as it is not required.

#6: Forms & Agreement Tab: **Not Required.**



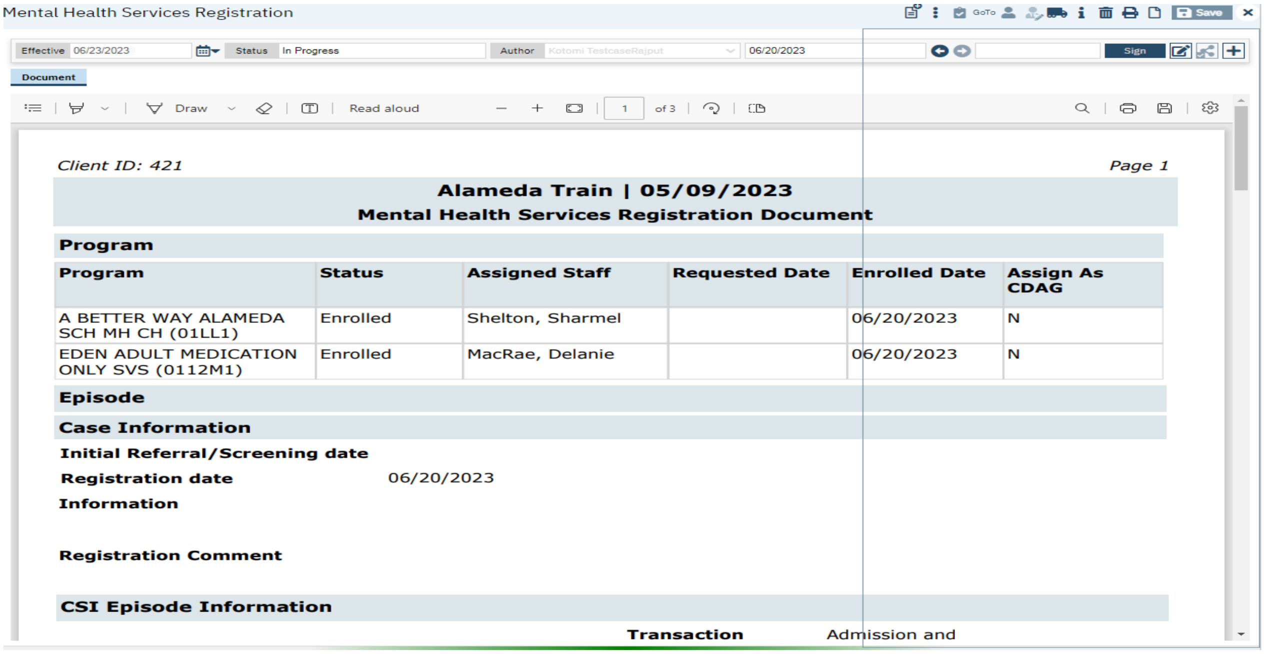
Forms and Agreements

Document Name	Status	Effective Date	Author	Signed By Staff	Signed By Client	Required?
No data to display						

#7: PFN Details Tab: **Required for Sant Rita Staff Only.**

MH Registration Document: The final step is to Save and Sign this registration. Once registration is complete, a pdf. document will be created.,

Attached is an example of the MHS Registration pdf:



Mental Health Services Registration

Effective 06/23/2023

Status In Progress

Author Kotomi TestcaseRajput

06/20/2023

Client ID: 421

Page 1

Alameda Train | 05/09/2023

Mental Health Services Registration Document

Program

Program	**Status**	**Assigned Staff**	**Requested Date**	**Enrolled Date**	**Assign As CDAG**
A BETTER WAY ALAMEDA SCH MH CH (01LL1)	Enrolled	Shelton, Sharmel		06/20/2023	N
EDEN ADULT MEDICATION ONLY SVS (0112M1)	Enrolled	MacRae, Delanie		06/20/2023	N

Episode

Case Information

Initial Referral/Screening date

Registration date 06/20/2023

Information

Registration Comment

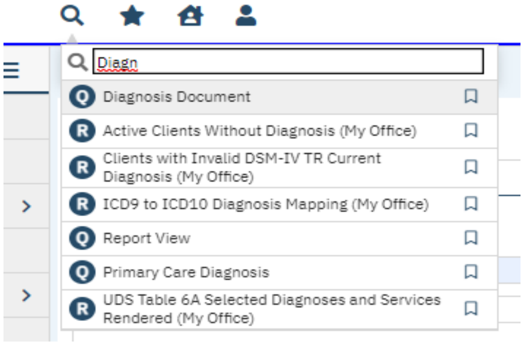
CSI Episode Information

Transaction Admission and

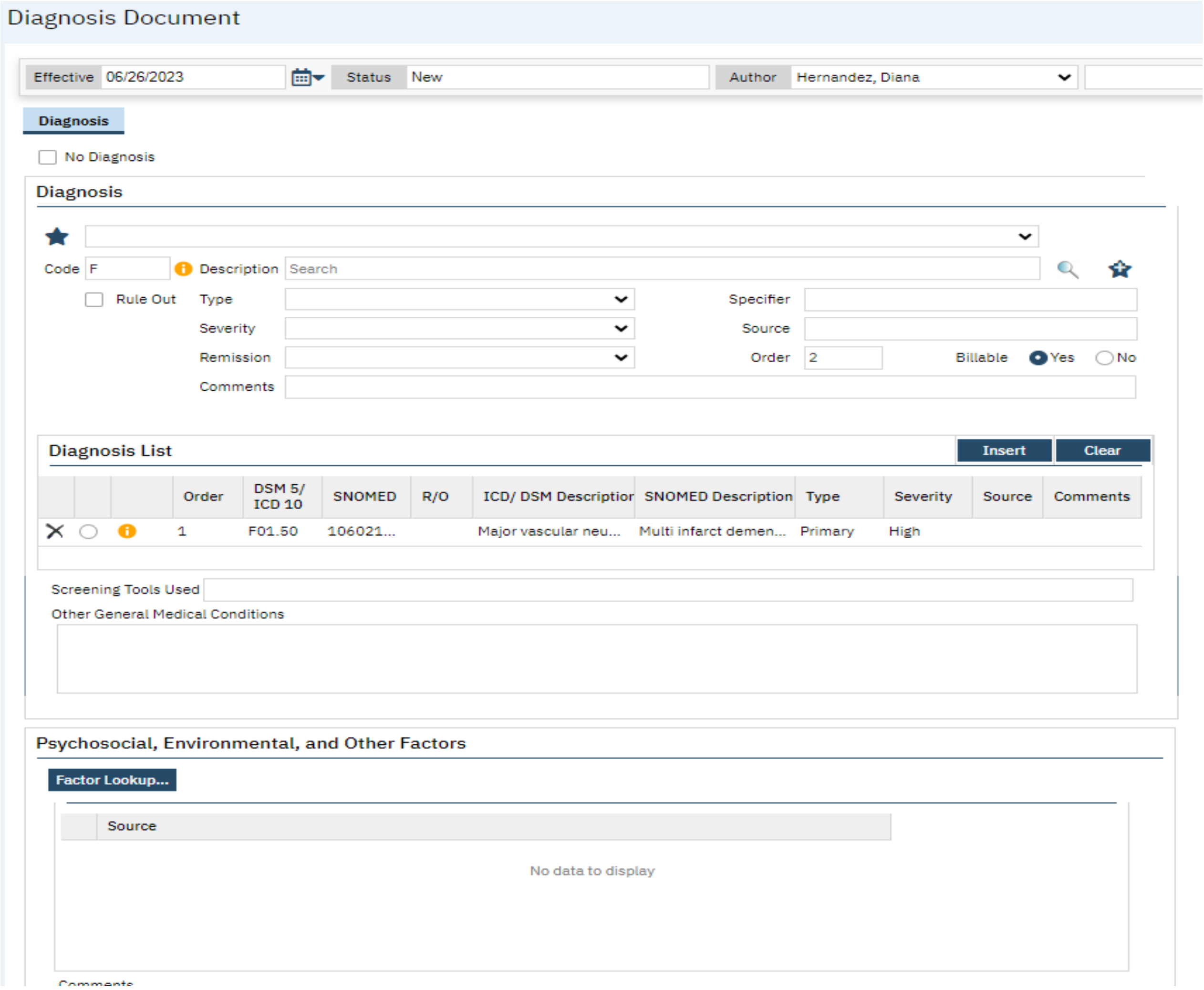
Chapter 7: Diagnosis Document

The Diagnosis tab contains the client's diagnosis. If there is already a signed diagnosis document for the client, that diagnosis will initiate when you open the Diagnosis section in the Registration Document. The Diagnosis document can be used to add, update or remove diagnosis information.

1. To access the diagnosis document begin typing Diagnosis in the search bar and the Diagnosis Document will appear on the list.



2. Select the Diagnosis Document:



Diagnosis Document

Effective 06/26/2023 Status New Author Hernandez, Diana

Diagnosis

☐ No Diagnosis

Diagnosis

Code F Description Search

☐ Rule Out Type

Severity

Remission

Comments

Specifier

Source

Order 2 Billable ● Yes ○ No

Diagnosis List

			Order	DSM 5/ ICD 10	SNOMED	R/O	ICD/ DSM Descriptior	SNOMED Description	Type	Severity	Source	Comments
✕	○	ⓘ	1	F01.50	106021...		Major vascular neu...	Multi infarct demen...	Primary	High		

Screening Tools Used

Other General Medical Conditions

Psychosocial, Environmental, and Other Factors

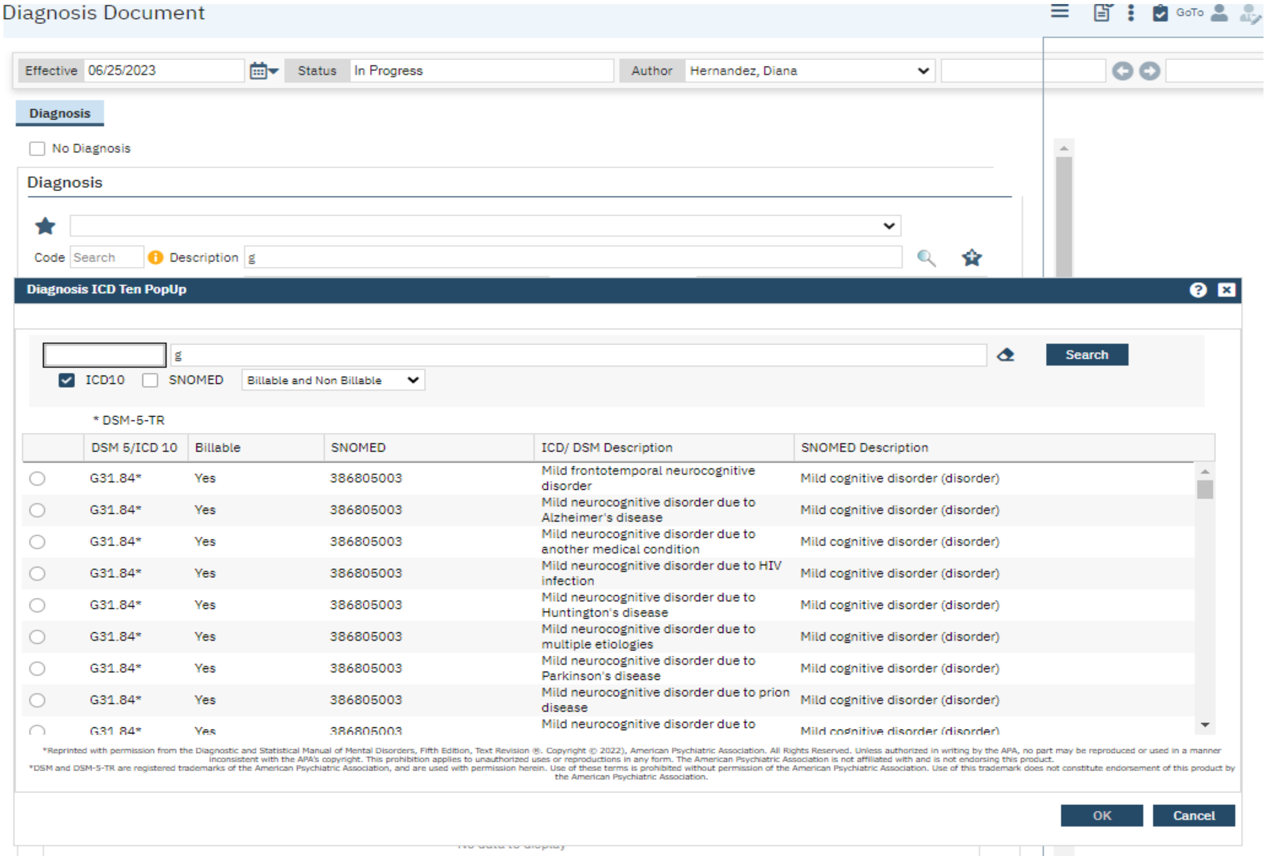
	Source

No data to display

Comments

To complete the Diagnosis Document:

1. In the “Code” field, begin typing the first letter of the code, e.g. “F” (the list contains ICD10/DSM 5 codes). Code F
2. Click on the Magnifying Glass (🔍) and enter the search term “Diagnosis”.
3. Select a diagnosis from the dropdown list, below is an example of the drop down with ICD-10 codes:



Effective 06/25/2023 Status In Progress Author Hernandez, Diana

☐ No Diagnosis

Code Search Description g

g

☑ ICD10 ☐ SNOMED Billable and Non Billable

* DSM-5-TR

	DSM 5/ICD 10	Billable	SNOMED	ICD/ DSM Description	SNOMED Description
○	G31.84*	Yes	386805003	Mild frontotemporal neurocognitive disorder	Mild cognitive disorder (disorder)
○	G31.84*	Yes	386805003	Mild neurocognitive disorder due to Alzheimer's disease	Mild cognitive disorder (disorder)
○	G31.84*	Yes	386805003	Mild neurocognitive disorder due to another medical condition	Mild cognitive disorder (disorder)
○	G31.84*	Yes	386805003	Mild neurocognitive disorder due to HIV infection	Mild cognitive disorder (disorder)
○	G31.84*	Yes	386805003	Mild neurocognitive disorder due to Huntington's disease	Mild cognitive disorder (disorder)
○	G31.84*	Yes	386805003	Mild neurocognitive disorder due to multiple etiologies	Mild cognitive disorder (disorder)
○	G31.84*	Yes	386805003	Mild neurocognitive disorder due to Parkinson's disease	Mild cognitive disorder (disorder)
○	G31.84*	Yes	386805003	Mild neurocognitive disorder due to prion disease	Mild cognitive disorder (disorder)
○	G31.84*	Yes	386805003	Mild neurocognitive disorder due to	Mild cognitive disorder (disorder)

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*DSM and DSM-5-TR are registered trademarks of the American Psychiatric Association, and are used with permission herein. Use of these terms is prohibited without permission of the American Psychiatric Association. Use of this trademark does not constitute endorsement of this product by the American Psychiatric Association.

3. The Diagnosis Code and description fields will populate with the diagnosis information. (2)
4. Select the code and press the “Insert” button.

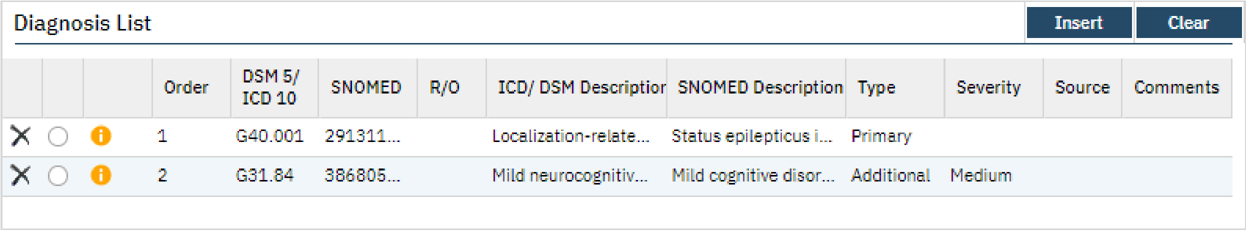
TIP: Click on the favorite button if this is a diagnosis code that you use often. That way there is no need to go through all the codes.

Diagnosis Entry Section:

1. Type: **Required.** This is required for Primary diagnosis. It indicates the type of diagnosis; Primary, Additional, or Provisional.
2. Severity: **Required.** Low, medium or High.
3. Remission: **Not Required.** Partial, Full, Early Full, Early Partial, Sustained Full, Sustained Partial.

4. Comments: **Not Required.**
5. Specifier: **Not Required.**
6. Source: **Not Required.**
7. Billable: **Required.** Select the appropriate radio button to show if this procedure is billable.

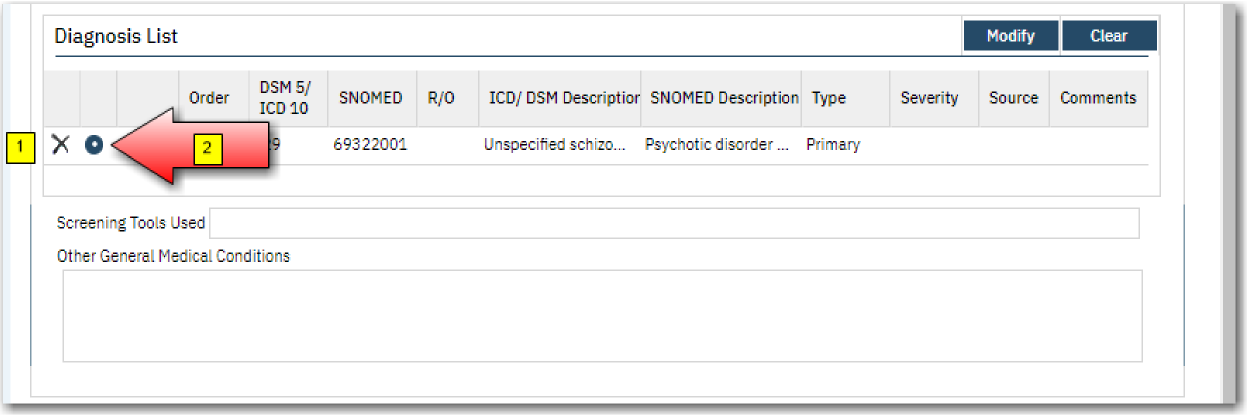
NOTE: In the “Order” column you can change the diagnosis order if they need to be updated.



			Order	DSM 5/ ICD 10	SNOMED	R/O	ICD/ DSM Descriptior	SNOMED Description	Type	Severity	Source	Comments
✕	○	ⓘ	1	G40.001	291311...		Localization-relate...	Status epilepticus i...	Primary			
✕	○	ⓘ	2	G31.84	386805...		Mild neurocognitiv...	Mild cognitive disor...	Additional	Medium		

Diagnosis List Section

If multiple diagnoses are listed in the Diagnosis List section, use the radio button (2) to select one if you wish to add notes in the “Screening Tools” or “Other General Medical Conditions” fields of the Diagnosis list section.

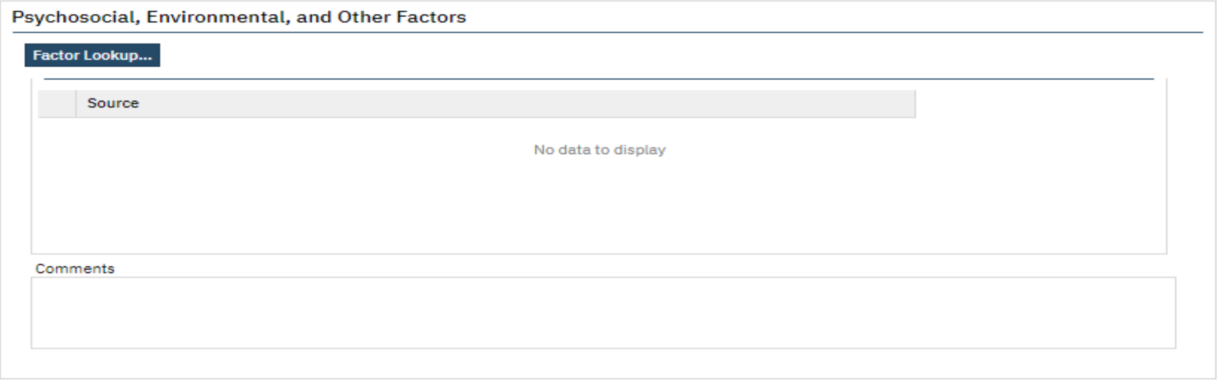


			Order	DSM 5/ ICD 10	SNOMED	R/O	ICD/ DSM Descriptior	SNOMED Description	Type	Severity	Source	Comments
✕	●			9	69322001		Unspecified schizo...	Psychotic disorder ...	Primary			

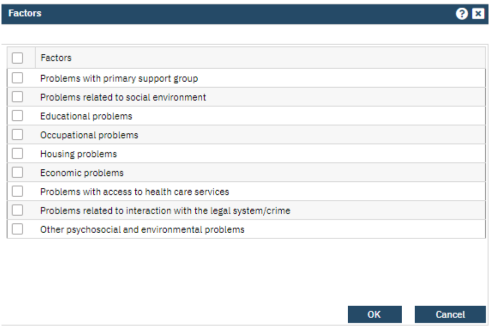
1. Select the Modify Button:
2. Screening Tools Used: **Not Required.** Enter screening tools utilized for data collection.
3. Other General Medical Conditions: **Not Required.** Enter other medical conditions here.
4. Click the insert button to create the entry on the diagnosis list. (1)

Psychosocial, Environmental, and Other Factors Section

1. Click on Factor Lookup to bring up a list of pre-populated factors you can select from.



2. Select Factors that are appropriate and click OK.



3. Comments: Add any additional information about factors as appropriate. **Not Required.**

Level Of Functioning Score: Enter GAF, WHODAS, or CAFAS Scores if they are available.

4. Click Save.

Chapter 8: Timeliness Overview

Timely Access Data is required for new clients and clients that have not received an Outpatient Mental Health service in the past 12 months.

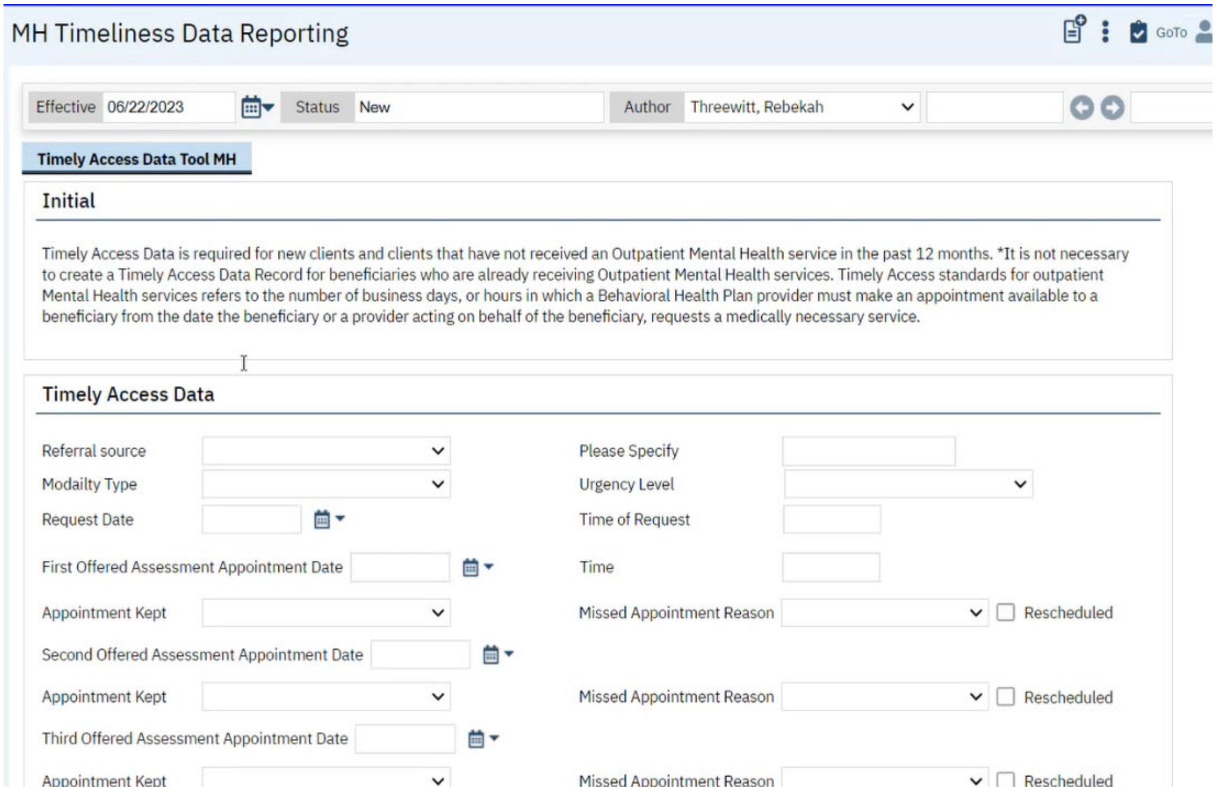
NOTE: It is not necessary to create Timely Access Data Record for beneficiaries who are already receiving Outpatient Mental Health services.

Timely Access standards for outpatient Mental Health services refers to the number of business days, or hours in which a Behavioral Health Plan provider must make an appointment available to a beneficiary from the date the beneficiary or a provider acting on behalf of the beneficiary, requests a medically necessary service.

Using the Search functionality, look for the MH Timeliness Data Reporting (Client) document.

The Timeliness document be completed if either of these two scenarios occur:

1. The Timeliness form is required if this is a <u>new client</u>
2. If they are considered a <u>new returning client</u>, someone that has not been treated in the past year.



MH Timeliness Data Reporting

Effective 06/22/2023

Status New

Author Threewitt, Rebekah

Timely Access Data Tool MH

Initial

Timely Access Data is required for new clients and clients that have not received an Outpatient Mental Health service in the past 12 months. *It is not necessary to create a Timely Access Data Record for beneficiaries who are already receiving Outpatient Mental Health services. Timely Access standards for outpatient Mental Health services refers to the number of business days, or hours in which a Behavioral Health Plan provider must make an appointment available to a beneficiary from the date the beneficiary or a provider acting on behalf of the beneficiary, requests a medically necessary service.

Timely Access Data

<u>Timely Access Data Section</u>

1. Referral Source: **Required.** Select the source of the clients referral to the organization from the dropdown values.

NOTE: If not referred by anyone, please select “self” as the referral source.

2. Modality Type: **Required.**
3. Urgency Level: **Required.**
4. Request Date: **Required.**
5. Time of Request: **Required.** Required if Urgency Level = Urgent
6. First Offered Assessment Appointment Date: **Required.** If First Offered Assessment appointment date is null, then Closure Reason must be selected and Closed out date must be greater than or equal to Request Date.
7. Time: **Required.** Required if Urgency Level = Urgent
8. Appointment Kept: **Not Required.**
9. Missed Appointment Reason: **Not Required.**
10. Reschedule: **Not Required.**
11. Second Offered Assessment Appointment Date: **Required.** A Second Offered Assessment Appointment Date is required if Client did not accept.
12. Appointment Kept: **Not Required.**
13. Missed Appointment Reason: **Not Required.**
14. Reschedule: **Not Required.**
15. Third Offered Assessment Appointment Date: **Not Required.**
16. Appointment Kept: **Not Required.**
17. Missed Appointment Reason: **Not Required.**
18. Reschedule: **Not Required.**
19. Accepted Assessment Appointment Date: **Not Required.**
20. Assessment Start Date: **Not Required.**
21. Assessment End Date: **Not Required.**
22. First Offered Treatment Appointment Date: **Not Required.**
23. Appointment Kept: **Not Required.**
24. Missed Appointment Reason: **Not Required.**
25. Reschedule: **Not Required.**
26. Missed Appointment Reason: **Not Required.**
27. Reschedule: **Not Required.**
28. Second Offered Treatment Appointment Date: **Not Required.**
29. Appointment Kept: **Not Required.**
30. Missed Appointment Reason: **Not Required.**
31. Reschedule: **Not Required.**
32. Third Offered Treatment Appointment Date: **Not Required.**
33. Appointment Kept **Not Required.**

34. Reschedule: **Not Required.**
35. Accepted Treatment Appointment Date: **Not Required.**
36. Treatment Start Date: **Not Required.**
37. Closure Reason: **Required.** Required if the user enters a Closed-Out Date.
38. Closed out Date: **Required.** Required when user enters a Closure Reason.
39. Referred To: **Not Required.**
40. Other: **Not Required.**

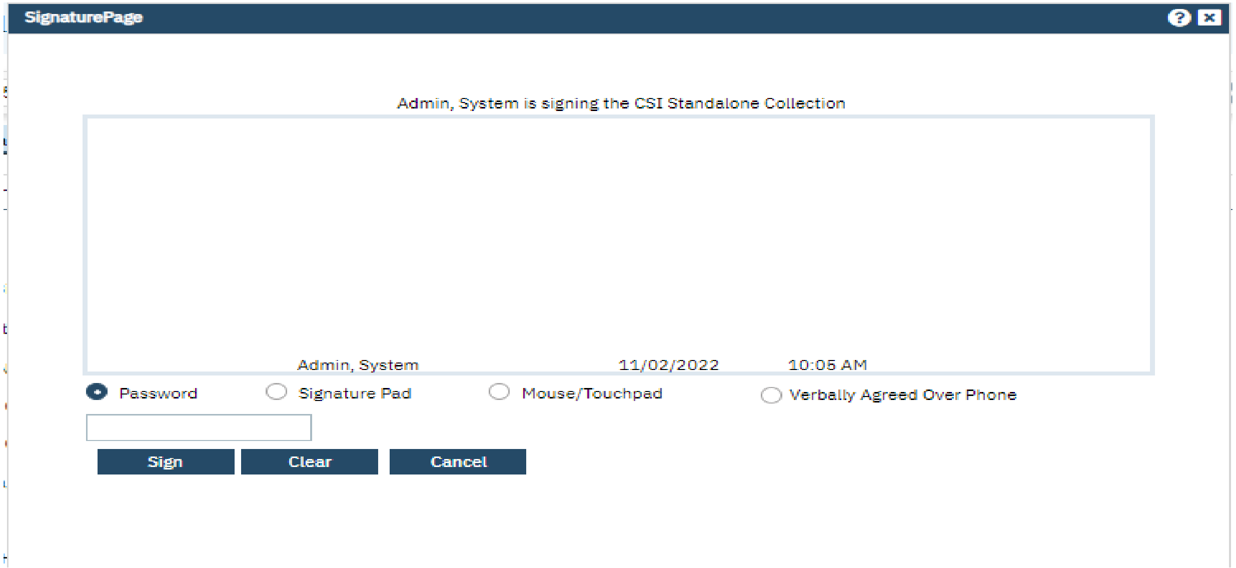
NOTE: Sometimes you may not have all the data when completing this tab. If you do not, hit save and come back when you are ready to provide the rest of the data.

Please refer to the CSI Timeliness Data Manual for additional information.

Once all requirements have been completed, click the sign button again. You will then be presented with the signature screen. By typing in your password and clicking 'Sign' the document will be signed and applicable information initialized to the client record.

When the document is signed, in some cases you will need to sign it first. Once it is signed and saved, the system will generate a PDF of the document on the screen Below is an example:

NOTE: You have the ability to export these into a printable form, in a pdf.



Admin, System is signing the CSI Standalone Collection

Admin, System 11/02/2022 10:05 AM

● Password ○ Signature Pad ○ Mouse/Touchpad ○ Verbally Agreed Over Phone

Chapter 9: Update/Discharge Document

CSI Periodic Data

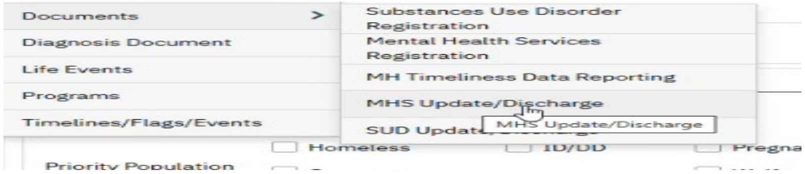
The CSI Periodic data is no longer captured on a separate screen.

A Periodic record describes the current education, employment, conservatorship/court status, living arrangement and caregiver status for a person. The information in the Periodic record is used to measure the effectiveness of services.

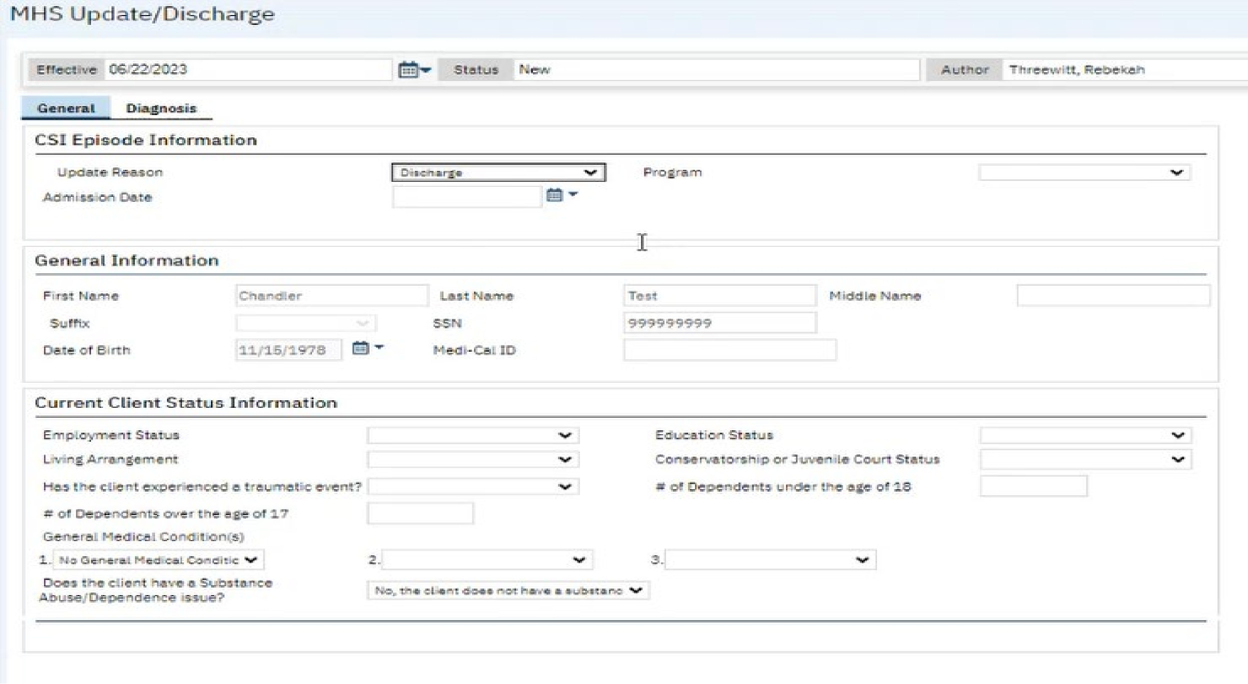
The data is reported at time of Admission, Annually and at formal Discharge. Completing the Mental Health Services Registration document, captures the Periodic data at time of Program Enrollment/Admissions. The Annually and Discharge data will be captured on the MHS Update/Discharge Document.

Discharge Client

Select the Clients Document QuickLinks and choose the MHS Update/Discharge screen to begin your discharge process.



MHS Update/Discharge Screen



Effective 06/22/2023

Status New

Author Threewitt, Rebekah

Update Reason Discharge

First Name Chandler

Last Name Test

SSN 999999999

Date of Birth 11/15/1978

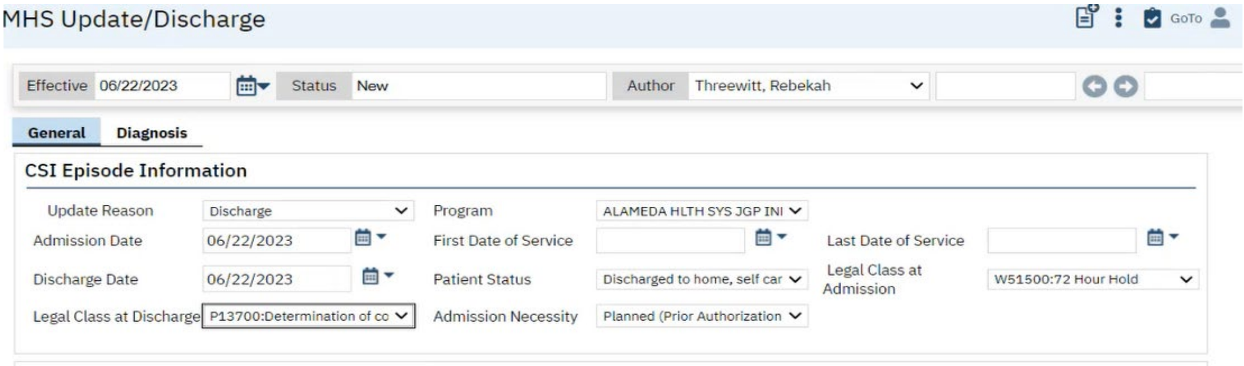
1. No General Medical Conditic

Does the client have a Substance Abuse/Dependence issue? No, the client does not have a substanc

CSI Episode Information Section : **Required**

You need complete these fields and in order to discharge a client.

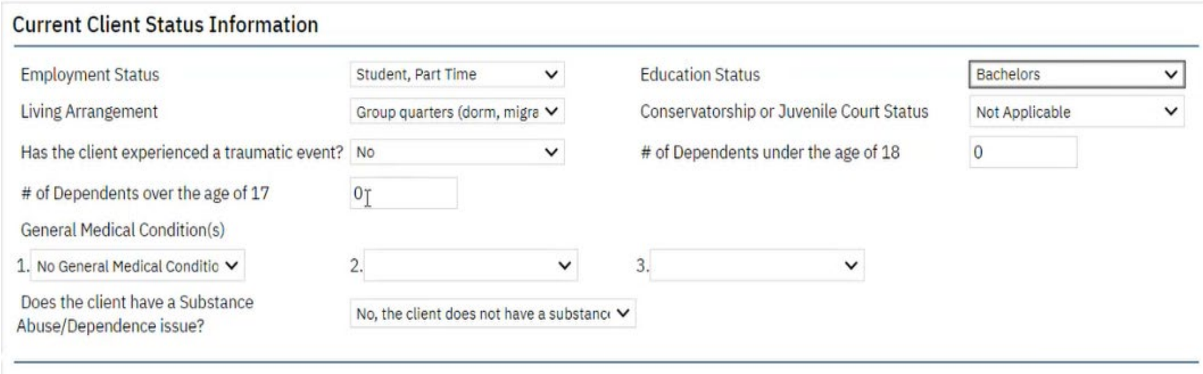
1. Update Reason: **Required**. Select **Discharge**
2. Program: **Required**. Select the Program associated with your client.
3. Admission Date: **Required.**
4. Discharge Date: **Required.**
5. Patient Status: **Required.** Select one of the Discharge options.
6. Last Date of Service: **Required.**
7. Legal Class at Discharge: **Required.**



Effective 06/22/2023
Status New
Author Threewitt, Rebekah

Update Reason Discharge
Program ALAMEDA HLTH SYS JGP INI
Admission Date 06/22/2023
First Date of Service
Last Date of Service
Discharge Date 06/22/2023
Patient Status Discharged to home, self car
Legal Class at Admission W51500:72 Hour Hold
Legal Class at Discharge P13700:Determination of co
Admission Necessity Planned (Prior Authorization

Current Client Status Information Section: **Required**



Employment Status Student, Part Time
Education Status Bachelors
Living Arrangement Group quarters (dorm, migra
Conservatorship or Juvenile Court Status Not Applicable
Has the client experienced a traumatic event? No
# of Dependents under the age of 18 0
# of Dependents over the age of 17 0
General Medical Condition(s)
1. No General Medical Conditio
2.
3.
Does the client have a Substance Abuse/Dependence issue? No, the client does not have a substanc

All

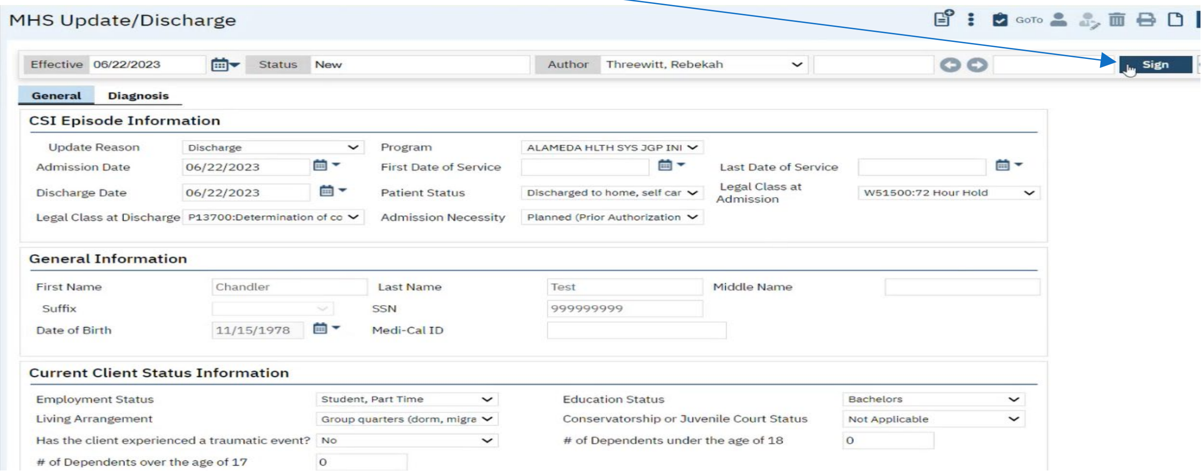
All the fields in this section are Required.

1. Employment Status: **Required.**
2. Registration Status: **Required.**
3. Living Arrangement: **Required.**
4. Conservatorship or Juvenile Court Status: **Required.** Identifies whether or not the client has a conservatorship or juvenile court status.

5. Has the client experienced a traumatic event?: **Required.** Purpose: Identifies clients that have experienced traumatic events including experiences such as having witnessed violence, having been a victim of crime or violence, having lived through a natural disaster, having been a combatant or civilian in a war zone, having witnessed or having been a victim of a severe accident, or having been the victim of physical, emotional, or sexual abuse.
6. # of Dependents under the age of 18: **Required.**
7. # of Dependents over the age of 17: **Required.**
8. General Medical Conditions Fields: **Required.**
9. If you select “No General Medical Condition” in number 1, then #2 and #3 are not applicable. **Required.**
    - If a Medical Condition is indicated in #1, such as Asthma, the General Medical Condition in #2 is required.
    - If no additional Medication Condition is identified, indicate “No General Medical Condition” in #2.
    - Duplicates are not allowed.

    Does the client have a Substance Abuse/Dependence Issue: Required. Select “yes” or “no”. If yes, is collected then you will need to complete the next field which is the diagnosis.
10. Substance Abuse/Dependence Diagnosis: Conditional. Required. Select a diagnosis. Type in F10.x and it will provide a drop down list to choose from.
11. What type of disability/disabilities does the client have, if any?: Required. This is a multi-select drop down, select the clients disabilities if applicable.

Now the discharge is ready to be signed.



MHS Update/Discharge

Effective 06/22/2023
Status New
Author Threewitt, Rebekah

CSI Episode Information

Update Reason: Discharge
Admission Date: 06/22/2023
Discharge Date: 06/22/2023
Legal Class at Discharge: P13700:Determination of co
Program: ALAMEDA HLTH SYS JGP INI
First Date of Service:
Patient Status: Discharged to home, self car
Admission Necessity: Planned (Prior Authorization
Last Date of Service:
Legal Class at Admission: W51500:72 Hour Hold

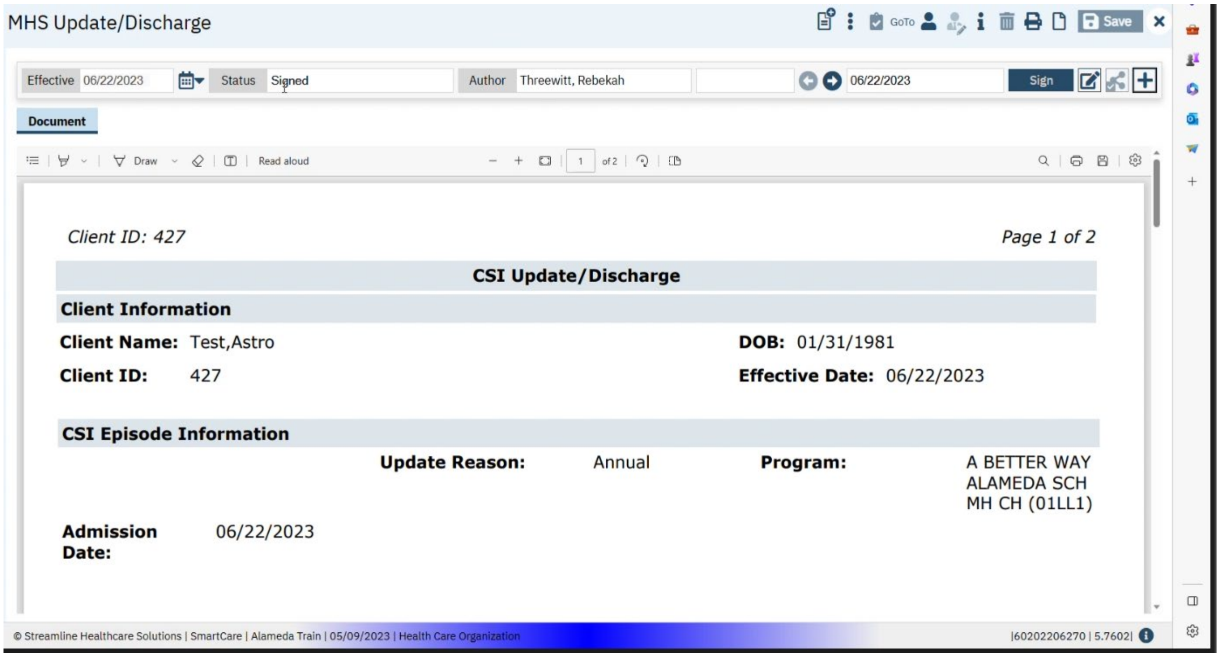
General Information

First Name: Chandler
Last Name: Test
Middle Name:
Suffix:
SSN: 999999999
Date of Birth: 11/15/1978
Medi-Cal ID:

Current Client Status Information

Employment Status: Student, Part Time
Living Arrangement: Group quarters (dorm, migra
Has the client experienced a traumatic event? No
# of Dependents over the age of 17: 0
Education Status: Bachelors
Conservatorship or Juvenile Court Status: Not Applicable
# of Dependents under the age of 18: 0

Below is an example of the Discharge document in a pdf format.



Effective 06/22/2023 Status Signed Author Threewitt, Rebekah 06/22/2023

Client ID: 427 *Page 1 of 2*

CSI Update/Discharge

Client Information

Client Name: Test,Astro **DOB:** 01/31/1981

Client ID: 427 **Effective Date:** 06/22/2023

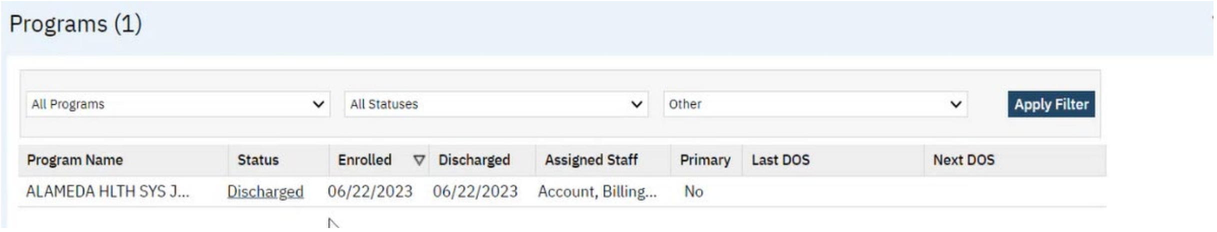
CSI Episode Information

Update Reason: Annual **Program:** A BETTER WAY ALAMEDA SCH MH CH (01LL1)

Admission Date: 06/22/2023

© Streamline Healthcare Solutions | SmartCare | Alameda Train | 05/09/2023 | Health Care Organization |60202206270 | 5.7602|

Once completed you can go to the Programs Client and you can see that they have a program enrollment, that is now discharged.



Program Name	Status	Enrolled	Discharged	Assigned Staff	Primary	Last DOS	Next DOS
ALAMEDA HLTH SYS J...	Discharged	06/22/2023	06/22/2023	Account, Billing...	No		

Annual Updates:

Required

This is required once a year. You are seeing the same screens, but you need to go through and update/verify that all the information is current.

You will use the MH Update/Discharge Document and will follow the same process as outlined in Discharge Document (Chapter 9), with the following changes:

1. CSI Episode Information: Select Annual as the option.

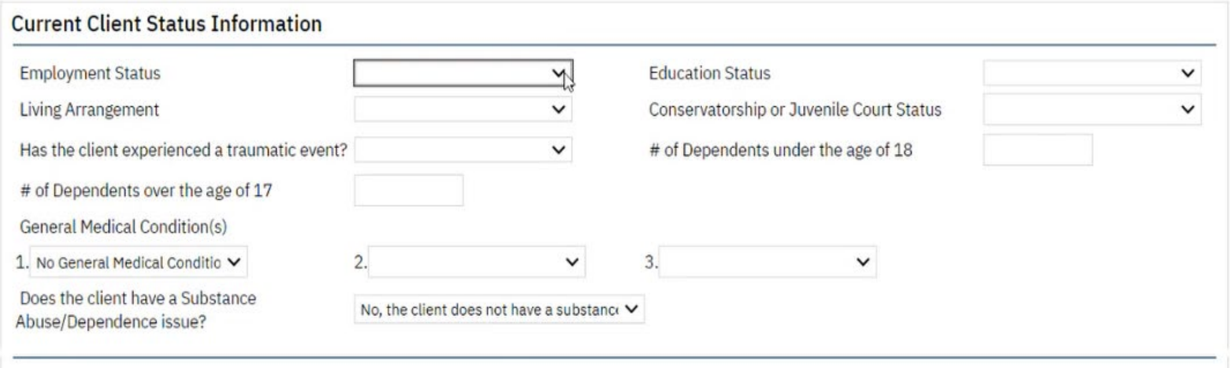
General Information Section

This should have initialize the client information. This section does not have to be completed. **Not Required.**

General Information

First Name: Chandler
Last Name: Test
Middle Name:
Suffix:
SSN: 999999999
Date of Birth: 11/15/1978
Medi-Cal ID:

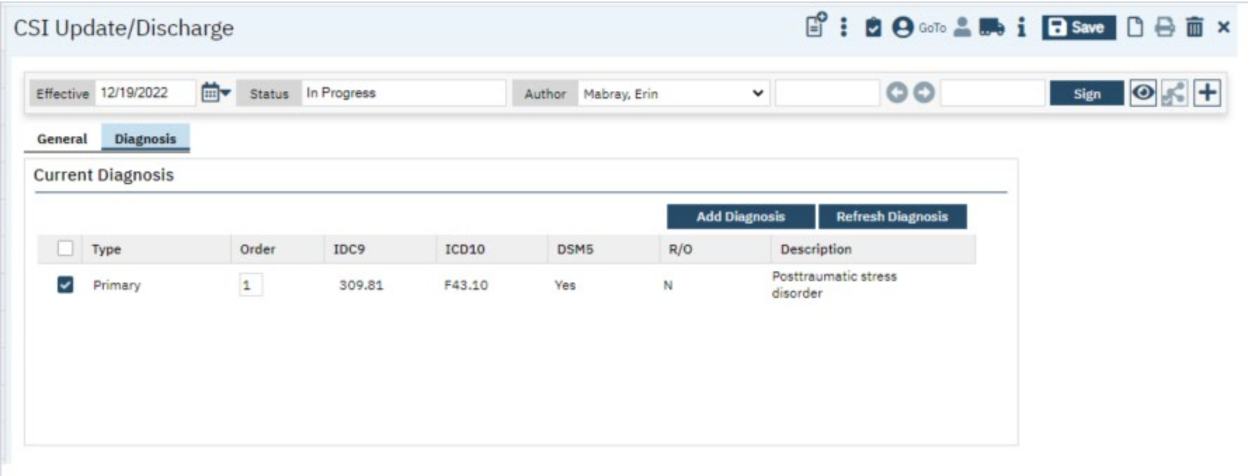
You will be required to complete the below fields. These are known as the CSI Periodic Data Fields:



Current Client Status Information

Employment Status:
Education Status:
Living Arrangement:
Conservatorship or Juvenile Court Status:
Has the client experienced a traumatic event?:
# of Dependents under the age of 18:
# of Dependents over the age of 17:
General Medical Condition(s)
1. No General Medical Conditio
2.
3.
Does the client have a Substance Abuse/Dependence issue?: No, the client does not have a substanc

The Diagnosis tab contains the client's diagnosis. If there is already a signed diagnosis document for the client, that diagnosis will initiate when you open the Diagnosis section in the Registration Document.



CSI Update/Discharge

Effective: 12/19/2022
Status: In Progress
Author: Mabray, Erin

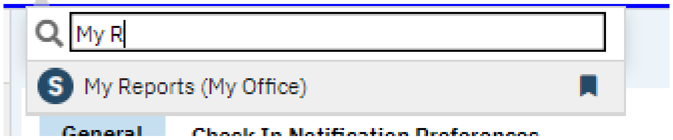
Current Diagnosis

☐	Type	Order	IDC9	ICD10	DSM5	R/O	Description
☑	Primary	1	309.81	F43.10	Yes	N	Posttraumatic stress disorder

The Add Diagnosis button will redirect the user to the DSM 5 Document Screen. The user may add or update diagnosis information. Click on the "Add Diagnosis" button. A pop-up will display that will allow you to search for a ICD-10 CM code or the description of the diagnosis (i.e.: depression). Once the list of diagnoses displays, select the appropriate one and "Insert" into the grid and sign the DSM 5 document. Only the new Registration Document will have the signed DSM 5 document listed in the below grid.

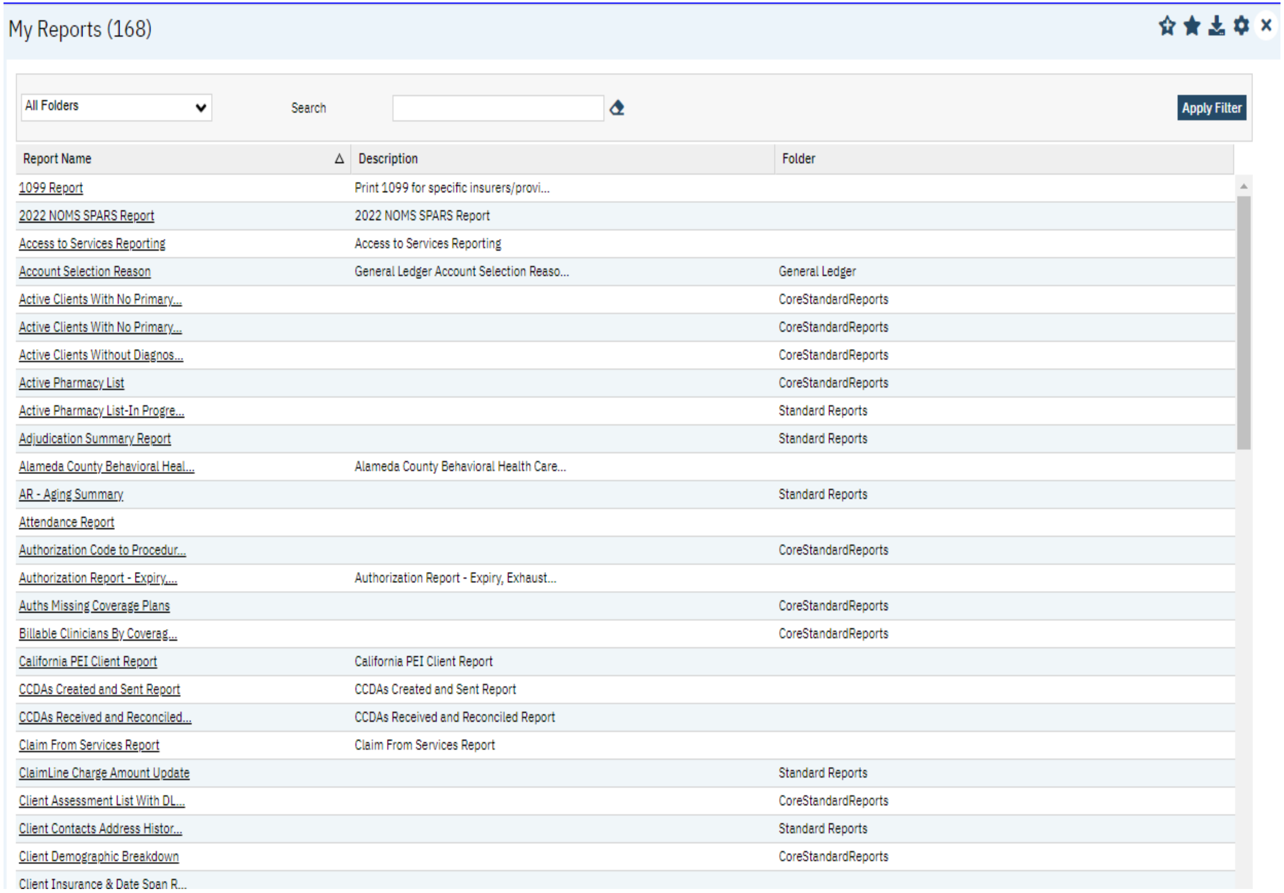
Chapter 10: Reports

SmartCare comes equipped with a suite of standard reports, which cover a wide variety of organizational needs. Each user can find the reports that they are permissioned to see by looking at “My Reports Screen”.



In addition, reports are easily permissioned, and administrators can ensure that the right staff can access the reports they need without cluttering their accounts with unnecessary options. You can search by folder or by entering text into the search box to find your report.

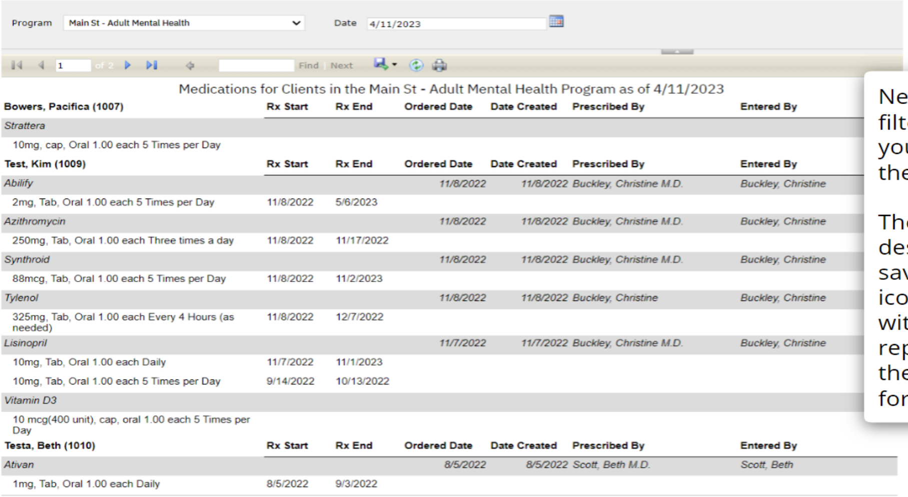
These are some example of standard out of the box reports from SmartCare:



Report Name	Description	Folder
1099 Report	Print 1099 for specific insurers/provi...	
2022 NOMS SPARS Report	2022 NOMS SPARS Report	
Access to Services Reporting	Access to Services Reporting	
Account Selection Reason	General Ledger Account Selection Reaso...	General Ledger
Active Clients With No Primary...		CoreStandardReports
Active Clients With No Primary...		CoreStandardReports
Active Clients Without Diagnos...		CoreStandardReports
Active Pharmacy List		CoreStandardReports
Active Pharmacy List-In Progre...		Standard Reports
Adjudication Summary Report		Standard Reports
Alameda County Behavioral Heal...	Alameda County Behavioral Health Care...	
AR - Aging Summary		Standard Reports
Attendance Report		
Authorization Code to Procedur...		CoreStandardReports
Authorization Report - Expiry,...	Authorization Report - Expiry, Exhaust...	
Auths Missing Coverage Plans		CoreStandardReports
Billable Clinicians By Coverag...		CoreStandardReports
California PEI Client Report	California PEI Client Report	
CCDAs Created and Sent Report	CCDAs Created and Sent Report	
CCDAs Received and Reconciled...	CCDAs Received and Reconciled Report	
Claim From Services Report	Claim From Services Report	
ClaimLine Charge Amount Update		Standard Reports
Client Assessment List With DL...		CoreStandardReports
Client Contacts Address Histor...		Standard Reports
Client Demographic Breakdown		CoreStandardReports
Client Insurance & Date Span R...		

Administrators can even permission selected reports into Quick Links. Nearly every report has filtering and export into excel capabilities.

My Reports



Medications for Clients in the Main St - Adult Mental Health Program as of 4/11/2023

Bowers, Pacifica (1007)	**Rx Start**	**Rx End**	**Ordered Date**	**Date Created**	**Prescribed By**	**Entered By**
Strattera						
10mg, cap, Oral 1.00 each 5 Times per Day						
Test, Kim (1009)	**Rx Start**	**Rx End**	**Ordered Date**	**Date Created**	**Prescribed By**	**Entered By**
Abilify			*11/8/2022*	*11/8/2022*	*Buckley, Christine M.D.*	*Buckley, Christine*
2mg, Tab, Oral 1.00 each 5 Times per Day	11/8/2022	5/6/2023				
Azithromycin			*11/8/2022*	*11/8/2022*	*Buckley, Christine M.D.*	*Buckley, Christine*
250mg, Tab, Oral 1.00 each Three times a day	11/8/2022	11/17/2022				
Synthroid			*11/8/2022*	*11/8/2022*	*Buckley, Christine M.D.*	*Buckley, Christine*
88mcg, Tab, Oral 1.00 each 5 Times per Day	11/8/2022	11/2/2023				
Tylenol			*11/8/2022*	*11/8/2022*	*Buckley, Christine*	*Buckley, Christine*
325mg, Tab, Oral 1.00 each Every 4 Hours (as needed)	11/8/2022	12/7/2022				
Lisinopril			*11/7/2022*	*11/7/2022*	*Buckley, Christine M.D.*	*Buckley, Christine*
10mg, Tab, Oral 1.00 each Daily	11/7/2022	11/1/2023				
10mg, Tab, Oral 1.00 each 5 Times per Day	9/14/2022	10/13/2022				
Vitamin D3						
10 mcg(400 unit), cap, oral 1.00 each 5 Times per Day						
Testa, Beth (1010)	**Rx Start**	**Rx End**	**Ordered Date**	**Date Created**	**Prescribed By**	**Entered By**
Ativan			*8/5/2022*	*8/5/2022*	*Scott, Beth M.D.*	*Scott, Beth*
1mg, Tab, Oral 1.00 each Daily	8/5/2022	9/3/2022				

Nearly every report has filtering parameters. Select your parameters at the top, then click View Report.

The report will populate for the desired parameters. You can save or print the report using icons in the toolbar, or re-run it with new parameters. If the report has multiple pages, use the blue arrows to go to forward or backward.

ACBH Standard Reports will be forthcoming in the coming weeks.

Chapter 11: Services

In August 2023, we will be providing SmartCare Training on Services and the different ways to record services provided by programs directly to clients. Additional Information will be coming soon.

Appendix A:

SmartCare Global Codes

This document lists SmartCare Global codes for: Mental Health Services Registration, which includes Client General/Demographic Information, Program Enrollment, Service Entry, and MHS Update/Discharge.

Homeless: Enter the Zip Code for the City Hall of the city where the client indicates they most often sleep (in a shelter or on the street).

City Hall Codes use for Homeless Client Address			
Alameda	**94501**	**Newark**	**94560**
Albany	**94706**	**Oakland**	**94612**
Berkeley	**94704**	**Piedmont**	**94611**
Castro Valley	**94546**	**Pleasanton**	**94566**
Dublin	**94568**	**San Leandro**	**94577**
Emeryville	**94608**	**San Lorenzo**	**94580**
Fremont	**94538**	**Sunol**	**94586**
Hayward	**94541**	**Union City**	**94587**
Livermore	**94550**		

COUNTY CODES

Alameda
Alpine
Amador
Butte
Calaveras
Colusa
Contra Costa
Del Norte
El Dorado

Placer
Plumas
Riverside
Sacramento
San Benito
San Bernardino
San Diego
San Francisco
San Joaquin

Fresno
Glenn
Humboldt
Imperial
Inyo
Kern
Kings
Lake
Lassen
Los Angeles
Madera
Marin
Mariposa
Mendocino
Merced
Modoc
Mono
Monterey
Napa
Nevada
Orange

San Luis Obispo
San Mateo
Santa Barbara
Santa Clara
Santa Cruz
Shasta
Sierra
Siskiyou
Solano
Sonoma
Stanislaus
Sutter
Tehama
Trinity
Tulare
Tuolumne
Ventura
Yolo
Yuba
Unknown California County
Not California County

STATE CODES

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
District of Columbia
Florida
Georgia

Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon

Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana

Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming
Unknown State
Not US State

COUNTRY CODES

AFGHANISTAN
ALBANIA
ALGERIA
AMERICAN SAMOA
ANDORRA
ANGOLA
ANGUILLA
ANTARCTICA
ANTIGUA AND BARBUDA
ARGENTINA
ARMENIA
ARUBA ISLANDS
ASHMORE/CARTIER ISLANDS
AUSTRALIA
AUSTRIA
AZERBAIJAN
BAHAMAS
BAHRAIN
BAKER ISLAND
BANGLADESH
BARBADOS
BASSAS DA INDIA
BELARUS
BELGIUM
BELIZE
BENIN
BERMUDA
BHUTAN
BOLIVIA
BOSNIA/HERZEGOVINA
BOTSWANA
BOUVET ISLAND
BRAZIL
BRITISH INDIAN OCEAN TERRITORY
BRITISH VIRGIN ISLANDS
BRUNEI
BULGARIA
BURKINA
BURMA
BURUNDI

CAMBODIA
CAMEROON
CANADA
CAPE VERDE
CAYMAN ISLANDS
CENTRAL AFRICAN REPUBLIC
CHAD
CHILE
CHINA
CHRISTMAS ISLAND
CLIPPERTON
COCOS (KEELING) ISLANDS
COLOMBIA
COMOROS
CONGO
COOK ISLANDS
CORAL SEA ISLANDS
COSTA RICA
COTE D'IVOIRE
COUNTRY NOT LISTED
CROATIA
CUBA
CYPRUS
CZECH REPUBLIC
DENMARK
DJIBOUTI
DOMINICA
DOMINICAN REPUBLIC
ECUADOR
EGYPT
EL SALVADOR
EQUATORIAL GUINEA
ERITREA
ESTONIA
ETHIOPIA
EUROPA ISLAND
FALKLAND ISLANDS/MALVINAS
FAROE ISLANDS
FEDERATED STATES OF MICRONESIA
FIJI

FINLAND
FRANCE
FRENCH GUIANA
FRENCH POLYNESIA
FRENCH SOUTHERN/ANTARCTIC
GABON
GAMBIA
GAZA STRIP
GEORGIA
GERMANY
GHANA
GIBRALTAR
GLORIOSO ISLANDS
GREECE
GREENLAND
GRENADA
GUADELOUPE
GUAM
GUATEMALA
GUERNSEY
GUINEA
GUINEA-BISSAU
GUYANA
HAITI
HEARD ISLAND/MCDONALD ISLANDS
HONDURAS
HONG KONG
HOWLAND ISLAND
HUNGARY
ICELAND
INDIA
INDONESIA
IRAN
IRAQ
IRELAND
ISRAEL
ITALY
JAMAICA
JAN MAYEN
JAPAN
MONGOLIA
MONTENEGRO
MONTSERRAT
MOROCCO
MOZAMBIQUE
NAMIBIA
NAURU
NAVASSA ISLAND
NEPAL
NETHERLANDS

JARVIS ISLAND
JERSEY
JOHNSTON ATOLL
JORDAN
JUAN DE NOVA ISLAND
KAZAKHSTAN
KENYA
KINGMAN REEF
KIRIBATI
KOREA DEMOCRATIC REPUBLIC
KOREA, REPUBLIC OF
KUWAIT
KYRGYZSTAN
LAOS
LATVIA
LEBANON
LESOTHO
LIBERIA
LIBYA
LIECHTENSTEIN
LITHUANIA
LUXEMBOURG
MACAU
MACEDONIA
MADAGASCAR
MALAWI
MALAYSIA
MALDIVES
MALI
MALTA
MAN,ISLE OF
MARSHALL ISLANDS
MARTINIQUE
MAURITANIA
MAURITIUS
MAYOTTE
MEXICO
MIDWAY ISLANDS
MOLDOVA
MONACO
SPAIN
SPRATLY ISLANDS
SRI LANKA
ST. HELENA
ST. KITTS AND NEVIS
ST. LUCIA
ST. PIERRE AND MIQUELON
ST. VINCENT/THE GRENADINES
SUDAN
SURINAME

NETHERLANDS
NEW CALEDONIA
NEW ZEALAND
NICARAGUA
NIGER
NIGERIA
NIUE
NORFOLK ISLAND
NORTHERN MARIANA ISLANDS
NORWAY
OMAN
PAKISTAN
PALAU
PALMYRA ATOLL
PANAMA
PAPUA NEW GUINEA
PARACEL ISLANDS
PARAGUAY
PERU
PHILIPPINES
PITCAIRN ISLANDS
POLAND
PORTUGAL
PUERTO RICO
QATAR
REUNION
ROMANIA
RUSSIA
RWANDA
SAN MARINO
SAO TOME AND PRINCIPE
SAUDI ARABIA
SENEGAL
SERBIA
SEYCHELLES
SIERRA LEONE
SINGAPORE
SLOVAKIASI/SLOVENIA
SOLOMAN ISLANDS
SOMALIA
SOUTH AFRICA
SOUTH GEORGIA/SANDWICH ISLANDS

SVALBARD
SWAZILAND
SWEDEN
SWITZERLAND
SYRIA
TAIWAN
TAJIKISTAN
TANZANIA
THAILAND
TOGO
TOKELAU
TONGA
TRINIDAD AND TOBAGO
TROMELIN ISLAND
TUNISIA
TURKEY
TURKMENISTAN
TURKS AND CAICOS ISLANDS
TUVALU
UGANDA
UKRAINE
UNITED ARAB EMIRATES
UNITED KINGDOM
UNITED STATES
URUGUAY
UZBEKISTAN
VANUATU
VATICAN CITY
VENEZUELA
VIETNAM
VIRGIN ISLANDS
WAKE ISLAND
WALLIS AND FUTUNA
WEST BANK
WESTERN SAHARA
WESTERN SAMOA
YEMEN
ZAIRE
ZAMBIA
ZIMBABWE
Unknown Country

Client General/Demographic Information:

Sex/Sex Assigned at Birth – (*) CSI

Female	Male	Unknown

Marital Status

Never married	Divorced
Married	Separated
Widowed	Unknown

Gender Identity (current)

Male Female Intersex Gender Queer (not exclusively male or female)	Transgender: Male to Female/Transgender Female/Trans Woman Transgender: Female to Male/Transgender Male/Trans Man	Gender non-conforming Other Additional Gender Category Prefer Not To Answer Unknown

Sexual Orientation

Heterosexual/Straight Gay Lesbian Bisexual	Queer Questioning Other Additional Sexual Orientation	Prefer Not To Answer Unknown

What is your Pronoun (Personal (or preferred) Pronoun)

He/Him	They/Them	Prefer Not to Answer
She/Her	Other Pronoun	Unknown

Ethnicity – (*) CSI

Non-Hispanic	Nicaraguan	Puerto Rican
Cuban	Other Hispanic	Salvadoran
Mexican/Mexican American	Other Latino	South American

Race – (*) CSI

White or Caucasian	Guamanian	Other Asian
Black or African American	Hawaiian Native	Other Pacific Islander
Alaskan Native	Hmong	Other Southeast Asian
American Indian	Japanese	Samoan
Asian Indian	Korean	Vietnamese
Cambodian	Laotian	Other/Other Race
Chinese	Mien	Unknown
Filipino	Mixed Race/Multiracial	

Legal Consent (Conservatorship) – (*) CSI (**) Periodic data

This field is normally used to indicate the type of authorization given to treat a minor.

Unknown

Not Applicable

Temporary Conservatorship (W&I Code, Section 5353)

Lanterman-Petris-Short (W&I Code, Section 5358)

Murphy (W&I Code, Section 5008)

Probate (Probate Code, Division 4, Section 1400)

PC 2974 (Penal Code, Section 2974)

Representative Payee Without Conservatorship (W&I Code, Section 5686)

Juvenile Court, Dependent of the Court (W&I Code, Section 300)

Juvenile Court, Ward - Status Offender (W&I Code, Section 601)

Must be age 14 & over

Must be less Than age 25

Trauma – (*) CSI

Identifies clients that have experienced traumatic events including experiences such as having witnessed violence, having been a victim of crime or violence, having lived through a natural disaster, having been a combatant or civilian in a war zone, having witnessed or having been a victim of a severe accident, or having been a victim of physical, emotional, or sexual abuse.

Yes	No	Unknown

GMC (*) CSI

Identifies up to three General Medical Condition Summary Codes from the list below that most closely identify the client's general medical condition(s), if any. No Duplicates allowed:

Allergies	Digestive Disorder (Reflux, Irritable Bowel Syndrome)	Osteoporosis
Anemia	Ear Infections	Parkinson's Disease
Arterial Sclerotic Disease	Epilepsy/Seizures	Physical Disability
Arthritis	Heart Disease	Psoriasis
Asthma	Hepatitis	Sexually Transmitted Disease (STD)
Birth Defects	Hypercholesterolemia	Stroke
Blind/Visually Impaired	Hyperlipidemia	Tinnitus
Cancer	Hypertension	Ulcers
Carpal Tunnel Syndrome	Hyperthyroid	Unknown
Chronic Pain	Infertility	Other
Cirrhosis	Migraines	No General Medical Condition
Cystic Fibrosis	Multiple Sclerosis	
Deaf/Hearing Impaired	Muscular Dystrophy	
Diabetes	Obesity	

Substance Abuse / Dependence Issue – (*) CSI

Identifies whether or not the client has a substance abuse / dependence issue. If **Yes** , must enter a valid ICD10 Substance Abuse diagnosis code

Yes, Requires ICD-10 Substance Abuse Diagnosis Code	No

Physical Disability/Disabilities – select all that apply

None	Client Declined to State
Visual	Client Unable to Answer due to Disability ONLY
Hearing	Severe Visual Impairment
Speech	Severe Hearing Impairment
Mobility	Speech Impairment
Mental	Physical Impairment/Mobility
Developmentally Disabled	Other Physical Impairment
Other Disability	Unknown

Care Giver - (*) CSI # of Dependents over the age 17

Enter the number of persons the client cares for, or is responsible for, at least 50% of the time, for the age categories of under the age of 18 and over the age of 18.

00 = None	01-98 Number of Persons	99 = Unknown

Living Situation (*)CSI(**)Periodic Data

NOTE: Please see ACBH Housing Definitions

Adult Residential Facility, Social Rehabilitation Facility	House or apt & requiring some support with daily living activities (adult only)	State Hospital
Alcohol Abuse Facility	Housing or apt & requiring daily support and supervision (adults only)	Supporting Housing
Community Treatment Facility	Hotel	Temporary Arrangement
Crisis Residential Facility	Justice Related	VA Hospital
CRTS long-term or transitional housing	Large Board & Care (7 beds or more)	Other
Drug Abuse Facility	Mental Health Rehabilitation Center (24 hour)	Unknown
Foster Family Home (for children)	PHF/Inpatient Psych	
General Hospital	Residential Treatment Center (includes Level 13-14 for children)	
Group Home(includes Levels 1-12 for children)	Satellite housing (adults only)	
Group quarters (dorm, migrant barracks)	Single room (motel, rooming hours)	
Homeless, in transit	Small Board & Care (6 beds or less)	
Homeless, no identifiable county residence	SNF/ICF/IMD, for Psychiatric reasons	
Housing or apartment (includes trailers)	SNF/ICG/Nursing Home for Physical health reasons	

Education – (*) CSI (**) CSI Periodic

NOTE: Identifies the highest grade level completed by the client.

If the highest grade is greater than Grade 20, select Grade 20	Other, includes vocational education and training
Use Grade 12 if the client completed High School	If Unknown, select Unknown
Use Grade 12 for GED	

Veteran Status

Is a Veteran	Declined to State
Is Not a Veteran	Unable to Answer due to disability ONLY

Military Status

Yes	No

Employment Status (*)CSI (**) Periodic data

Competitive job market, 35 hours or more per week	Job Training, Full-time
Competitive job market, less than 20 hours per week	Part Time School/job training
Competitive job market, 20 to 35 hours per week	Volunteer Work
Full-time home making responsibility	Unemployed, actively seeking work
Rehabilitative work, 35 hours or more per week	Unemployed, Not actively seeking work
Rehabilitative work , less than 20 hours per week	Disabled
Rehabilitative work, 20 to 35 hours per week	Retired
Student, Full-time	Not in the labor force
Student, Part-time	Resident / Inmate
Student, Employed Part-time	Unknown

Primary Language/ Preferred Language – (*) CSI

English Spanish Sign ASL	Farsi French German	Japanese Korean Lao	Pashto Polish Portuguese	Turkish Vietnamese Unknown/Not Reported
Arabic Armenian Cambodian Cantonese Chinese Dialects	Hebrew Hindi Hmong Ilocano Italian	Mandarin Mien Other Chinese Dialects Other Non-English Other Sign Language	Punjabi Russian Samoan Tagalog Thai	

Housing Definitions

Code	Term	Current Definition
05	Foster family home (children)	Applies to children only. Living with an approved foster family through child and family services (Social Services Agency).
06	Single room (motel, rooming house)	A facility or residence where the rooms either lack a cooking facility, bathroom, or both. Sometimes the building offers shared bathrooms and cooking facilities. Consumers hold their own lease or rental agreement. There are no on-site service programs or staff members, although external service providers may visit individual tenants.
07	Group quarters (dorm, migrant barracks)	Group living situation sponsored by an institution. Housing is linked with participation in a particular program or institution. Bathrooms and kitchens usually shared.
08	Group Home	Applies to children only. Approved group homes for children licensed by California Department of Community Care licensing. RCL 11 and below.
09	CRTs long-term or transitional housing	Non-institutional residential setting, therapeutic or rehab services, structured program as alternative to hospitalization for someone experiencing an acute psychiatric episode or crisis who do not present medical complications requiring nursing care, 24/7 service. Stays range from 30 days to 24 months. Also applies to individuals living in transitional housing programs specifically designed for serving homeless persons.
10	Satellite housing	Same as house or apt with supervision except housing is associated with exiting a particular treatment program.
13	House/Apartment	A house or apartment with its own cooking facilities and bathroom, shared according to terms established by the consumer in collaboration with other members of the household. Consumers either own the house or hold their own lease or rental agreement. The consumer must pay all or a share of the mortgage or rent. The consumer may live alone, with a spouse, partner, minor children, other dependents, and/or roommate(s). Includes independent or emancipated minors.
14	House or Apt with Support	A house or apartment where the consumer lives with others (family, friends) and receives some support from those living with the person; someone in the household has a signed lease agreement with the landlord or owns the property but the consumer is not part of the lease, rental agreement, or ownership of the building. This category includes the former “living with family/friends” category. Includes minors living with parents or relatives.

Code	Term	Current Definition
15	House or Apt with Supervision	Also known as unlicensed but supervised congregate placement, group living homes, sober living homes. Shared housing with limited to no roommate choice. Shared bathrooms and/or kitchens. Often lack formal lease or rental agreements. May include some meals and on-site supervision and support.
16	Supported Housing	A housing unit located in an apartment complex, an SRO, a single-family residence, or a private building in which consumers hold their own lease or rental agreement or with a not-for-profit organization acting as the master leaser. In some situations, cooking facilities and bathrooms may be shared. Some social/clinical services are formally connected with the building through master leasing arrangement and/or services provided on site in private offices or common areas. Services are VOLUNTARY and not a condition of tenancy.
20	Small Board & Care (6 beds or less)	Licensed adult residential facility (ARF), residential care facility for the elderly (RCFE), or residential care facility for the chronically ill (RCFCI) with 6 beds or less. Admission agreement, no lease, includes meals.
21	Large Board & Care (7+ beds)	Licensed adult residential facility (ARF), residential care facility for the elderly (RCFE), or residential care facility for the chronically ill (RCFCI) with 7 or more beds. Admission agreement, no lease, includes meals.
22	Residential Treatment Center	A residential facility that provides 24/7 services to people with psychiatric disabilities that is NOT a mental health rehabilitation center, SNF, ICF, IMD, CRT, or transitional housing. Includes children & youth in therapeutic RTF that are RCL 12-14.
23	Community Treatment Facility	A residential facility that provides mental health treatment services to children in a group setting and that has the capacity to provide secure containment.
24	Adult Residential/Social Rehab	A Social Rehabilitation Facility is any facility that provides 24-hour-a-day non-medical care and supervision in a group setting to adults recovering from mental illnesses, that temporarily need assistance, guidance, or counseling. Alameda County = casa phoenix, casa de la vida, bonita house, and woodroe place. Admission agreement, no lease, includes meals.
31	State Hospital	NAPA state psychiatric hospital
32	VA Hospital	General or psychiatric Veterans Administration Hospital
33	SNF/ICF/IMD for Psychiatric Reasons	Licensed residential, short-term treatment facilities focused primarily on psychiatric rehabilitation, 24/7 care. May have medical issues as well but primarily staying at facility for psychiatric reasons. Ex. Garfield Neurobehavioral Center, Morton Bakar Center, etc.
34	SNF/ICF/Nursing home for Physical Reasons	Licensed residential, short-term treatment facilities focused on physical rehabilitation, 24/7 care. May have psychiatric issues as well but primarily staying at facility for physical reasons. Ex. Medical Hill Rehabilitation Center, Fairmount, etc.
35	General Hospital	Hospital for medical illness - Alta Bates, Highland, Kaiser, etc.

36	Mental Health Rehabilitation Center	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services. 24/7 staffing, focusing on rehabilitation. Ex. Villa Fairmont, Gladman, etc.
37	PHF/Inpatient Psych	Inpatient psychiatric unit - John George, Fremont, Herrick, Willow Rock, etc.
40	Drug abuse facility	Licensed residential drug abuse treatment facility. Note: Select this option if the consumer's primary reason for participating in the program is related to an addictive substance other than alcohol.
41	Alcohol abuse facility	Licensed residential alcohol abuse treatment facility. Note: Select this option if the consumer's primary reason for participating in the program is related to an addiction to alcohol.
42	Justice Related	Prison, jail, community-based justice facility, or temporarily detained in Juvenile Justice Center.
50	Temporary Arrangement	Consumer is living in a facility that provides short-term housing (e.g., Single Room Occupancy Motel, Safe Haven, living with friends and paying no rent). The consumer does not hold a lease and is staying on a day-to- day, week-to-week, or month-to-month basis. This category includes individuals temporarily housed through a public program, e.g., social services emergency housing voucher. Also refers to a short-term housing arrangement in which the individual is temporarily staying with friends, family, or others with a willingness to house the person for a limited time (less than 30 days). Includes youth "couch surfing" with friends or family due to homelessness.
51	Homeless, no identifiable county residence	Includes living on the streets, place not meant for human habitation, or an emergency shelter for homeless persons. Also includes persons fleeing a domestic violence situation and individuals with an eviction within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. Person typically resides in or plans to reside in Alameda County.
52	Homeless, in transit	Includes living on the streets, place not meant for human habitation, or an emergency shelter for homeless persons. Also includes persons fleeing a domestic violence situation and individuals with an eviction within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. Generally assumed that person lives outside of Alameda County.
98	Other	Type of housing not listed above, should be rarely used.
99	Unknown	Current housing status unknown by staff.

Referral Codes (data field TBD)

Referral Codes—Source and Destination—can be any program Reporting Unit number in your system. In addition there are number of generic codes. These codes are to be used only when there is no specific mental health reporting unit, or when there is no specific local agency code.

01 = Self
02 = Family
03 = Friends
04 = Employer
05 = Other
06 = County Resident
10 = State Hospital MH
11 = State Hospital DD
12 = Other Psychiatric Hosp
13 = Psychiatric SNF
14 = Alternative to Hospitalization
15 = CRTS Program

17 = Jail
20 = Acute Day Treatment
21 = Habilitative Day Treatment
30 = Emergency Psychiatric
31 = Suicide & Crisis
32 = Outpatient Clinic
33 = Private MH Practice
37 = Case Management
38 = Homeless Program
40 = Medical Inpatient
41 = Medical Outpatient
42 = Convalescent Hosp

43 = Dept. Social Services
44 = Criminal Justice
45 = Drug Abuse Program
46 = Alcohol Abuse Program
47 = School/College
48 = Vocational Rehab Program
49 = Veterans Administration
50 = Clergy or Religious Org.
51 = Other Human Service Org.

Discharge Fields:

Reason for Discharge (data field TBD)

Mutual Agreement/Treatment Goals Reached	Client Moved Out of Service Area
Mutual Agreement/Treatment Goals Partially Reached	Client Discharged/Program Unilateral Decision
Mutual Agreement/Treatment Goals Not Reached	Client Incarcerated
Client Withdrew: AWOL, AMA, Treatment Partially Completed	Discharge/Administrative Reasons
Client Withdrew: AWOL, AMA No Improvement	Other
Client Died	

Service Entry

Service Location Entry Codes

This document lists Standard InSyst codes for the Direct and Indirect Service Screens

Office (Primary)	Inpatient (Non-Psych) Hosp	Public Health Clinic
Office (Satellite)	Inpatient (Psych) Hosp	Residential Substance Abuse Fac
Field	Licensed Care	School
Comm Mental Health Center	Opioid (Non-Res) Tx Facility	Skilled Nursing Facility
Crisis Field	Outpt Substance Abuse Tx Fac	Telehealth (Patient in home)
Crisis Mobile Unit-Service	Patient's home	Telehealth (Patient not home)
Court	Patient's Work Site	Temporary Lodging
Custodial Care Facility	Other Community Loc	Urgent Care Facility
Emergency Room (Hospital)	Pharmacy	Location Unknown/Other
Faith Based	Phone (Patient in home)	
FQHC	Phone (Patient not home)	
Group/Board and Care Home	Prison/Correction Facility	
Health/Primary Care	Psych Facility (Partial Hosp)	
Homeless/ER Shelter	Psych Residential Tx Ctr (adult)	
Hospice	Psych Residential Tx Ctr (child)	

The following data fields are for 24 Hour Facility Only :

The SmartCare Global Cods are only collected from 24 Hour Facility Programs.

Legal Status – (*) CSI

W60000 = Voluntary
W51500 = 72 Hour Hold

W55850 = 72 Hour Hold for Minor
W52500 = First 14 Day Hold
W52600 = Second 14 Day Hold
W52700 = Thirty Day Extension for Grave Disability
W53000 = 180 Day Post Certification
W53520 = Temporary Conservatorship
W53521 = Temporary Conservatorship Extension
W53550 = Permanent Conservatorship
W53551 = Permanent Conservatorship Extension
P10260 = Not Guilty by Reason of Insanity

P13680 = Incompetent To Stand Trial