

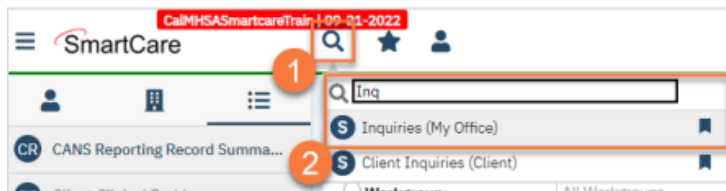
# Onboarding a Client in SmartCare

## DAS Walk-In Screenings

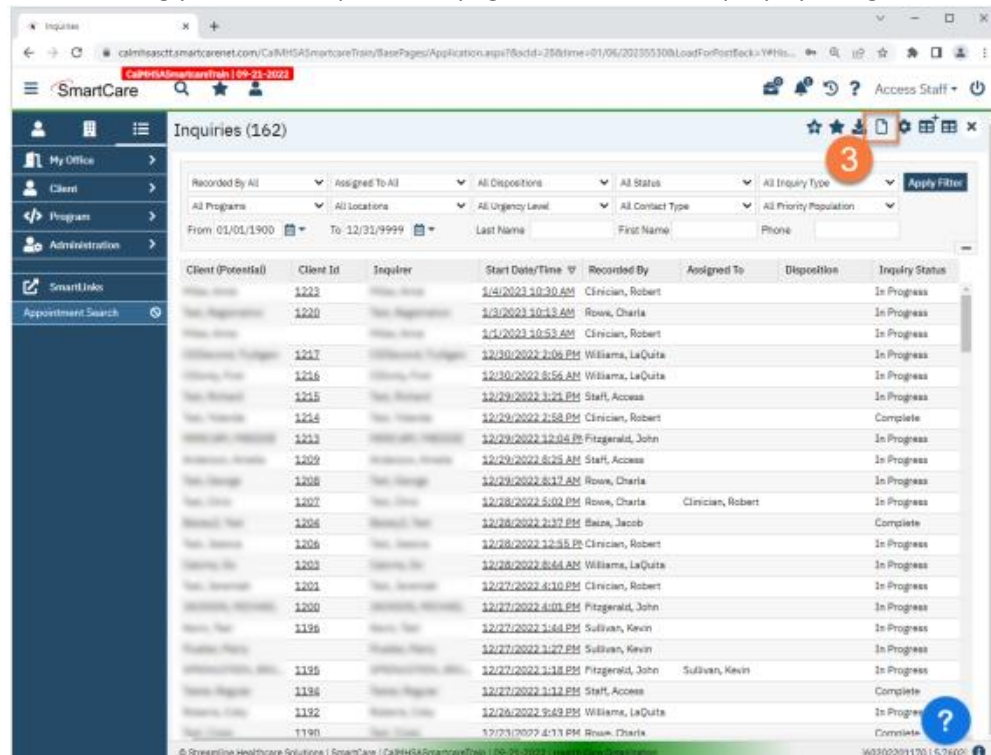
SmartCare search words in **bold** throughout this guide.

### Client Search & Inquiry

1. Search for Client in Client Search Screen.
  - a. If Client is in SmartCare check for existing **Inquiry**.
  - b. Search for the **Client Inquiry** screen using the search icon.
  - c. Select **Client Inquiries (Client)**
  - d. Set filters back 30 days to see if there is a pending Inquiry.
    - i. If yes, make a note in the Inquiry that client is here for screening with today's date and move ahead to Add client to add appointment to **Staff Calendar**.
    - ii. If no, move to step 2 below.
2. Search for the **Inquiry** screen using the search icon.
3. Select **Inquiries (My Office)**



4. This will bring you to the Inquiries list page. Create a new inquiry by using the new icon.



5. This will open the client search window. You may search to determine if the person is a current client.
  - a. To search for a client, enter their name and click “Broad Search.” You can also search by SSN by entering their social security number and clicking “SSN Search.” You can do the same with date of birth (DOB), phone number, etc.
  - b. If you find the person in the system, meaning they show in the Records Found section, click the radial button to the left of their name, then click “Select” to bring their information into the Inquiry screen.

The screenshot shows the 'Client Search' window. At the top, there's a 'Clear' button and a 'Name Search' section with checkboxes for 'Include Client Contacts' and 'Only Include Active Clients'. Below this are 'Broad Search' and 'Narrow Search' buttons, with 'Broad Search' highlighted by a red box and a red circle with the number 4. There are also radio buttons for 'Type of Client' (Individual selected, Organization) and an 'All Client Search' button. Search fields for 'Last Name' (containing 'Test'), 'First Name', and 'Program' are visible. Below these are 'Other Search Strategies' with buttons for SSN Search, DOB Search, Primary Clinician Search, Authorization ID / #, Phone # Search, Master Client ID Search, Client ID Search, and Insured ID Search. The 'Records Found' section contains a table with columns: ID, Master ID, Client Name, Chosen Name, SSN/EIN, DOB, Status, City, and Primary Clinician. The first row is selected, with a red circle 'a' next to the 'Client Name' 'Test, Allen'. At the bottom right, there are 'Select' and 'Cancel' buttons, with 'Select' highlighted by a red box and a red circle with the letter 'b'.

ID	Master ID	Client Name	Chosen Name	SSN/EIN	DOB	Status	City	Primary Clinician
1023	1023	Test, Allen		9999	01/10/20...	Active	Oceano	
1019	1019	Test, Anita		6548	07/05/20...	Active		
1012	1012	Test, Clarence		6549	05/20/19...	Active		Irons, Jory
1	1	Test, Client		5432	01/01/20...	Active	Chicago	
1022	1022	Test, Hello		5555	10/10/19...	Active	Planet Ea...	
1007	1007	Test, Mike		1234	04/19/19...	Active		

- c. If a person is a new client, or you cannot find them in the system, click “Inquiry (New Client)”.

The screenshot shows the 'Client Search' window with the message 'No Search Records Found' at the top, highlighted by a red box and a red circle with the letter 'c'. The search criteria are 'Last Name: New'. The 'Records Found' section is empty, displaying 'No data to display'. At the bottom right, there are 'Select' and 'Cancel' buttons, and an 'Inquiry (New Client)' button highlighted by a red box and a red circle with the letter 'c'.

6. This brings you to the Inquiry Details screen.

- a. **Relationship To Client:** Self
- b. Enter in the client's First & Last Name, middle name is not required but enter if you have it.
- c. **Call Back:** Enter client's phone number
- d. Start Date & Start Time will be the date & time the client requested services.
  - a. There are buttons for today "T" and "Now" to help make this quick and easy.

## Inquiry Details

InitialInsuranceDemographics

Inquirer Information ☐ Crisis

Relation To Client

First NameFictional PIN 03Middle NameLast NameClient

Call Back

ExtEmail

Start Date

T Y

Start Time

Now

Client Information (Potential)

First Name \*Middle NameLast Name \*

Client IDSex

SSN

☐ SSN Unknown/Refused

DOB

Age

Home Phone

Cell

Email

Address1

Address2

City

State

Zip

Urgency Level \*

Inquiry type

Contact type \*

Presenting Problem

Current Client Information (If any)

- e. Complete the **\*First Name** and **\*Last Name** fields. Middle Name is not required but can be added if given.
- f. Complete the **Sex** field.
- g. Complete the **SSN** and **DOB** fields.
  - a. If the client refuses to share, or does not know, you can simply check the box "SSN Unknown/Refused." Once saved, this will fill in the SSN with "999999999", which is SmartCare's version of "no SSN".
- h. Complete **Home Phone** and/or **Cell**, **Email**, and **Address** (if applicable).
- i. Complete the **\*Urgency Level** – Most clients will be Not Urgent
  - a. Mark all clients who are requesting Withdrawal Management/MAT, all clients who are IV drug using, parenting, or pregnant as urgent.

Urgency Level	Description/Use Case	Timelines
Emergent	Use if the call is an emergency	Addressed immediately
Not Urgent	Use if the call is a routine request for services	Appointment within 10 business days
Urgent	Use if the call is an urgent request	Appointment within 72 hours

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j. **Inquiry type**

Inquiry Type	Description/Use Case
Requests for services/screening	Use when the reason for the call is a request for new services
Crisis	Use when the reason for the call is for crisis services
Information	Use when the reason for the call is for information
Discharge/Transition Coordination	Use when the reason for the call is for another provider to coordinate transition of care to/from your agency
Jail Diversion	Use when the reason for the call is related to Jail Diversion programs
Consultation	Use when the reason for the call is for an outside provider seeking a consultation
Other	Use when the reason for the call is not addressed by any of the above

k. **\*Contact type fields.**

Contact Type	Description/Use Case
Call	Use when the inquiry was complete via telephone
Face to Face	Use when the inquiry was completed via in-person, such as a walk-in
Form	Use when the inquiry was completed via form, such as a referral that was sent to the county
Teleconference	Use when the inquiry was complete via teleconference, such as Zoom, FaceTime, Webex, or other video-audio conferencing software

l. Click **Save**.

7. Select the “Link/Create Client” button. This will bring up the client search window, with a few extra buttons at the bottom.



- a. You must search by name by clicking on either “Broad Search” or “Narrow Search”.
- b. You must also search by SSN and DOB by clicking on those respective buttons.
- a. If no records are found based on the search you do, an alert will show at the top of the window.

- c. Any search results will show in the “Records Found” area. Review the Records Found to determine if the person is already in the system as a client.
- d. If the person is already a client in the system, select the button next to the appropriate record.
- e. Click “Select” to link the Inquiry to the selected client.
- f. If the person is not a client, meaning no records were found matching the client’s information, click “Create New Client Record.”

Client Search

Clear

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

Broad Search Narrow Search Type of Client ☒ Individual ☐ Organization All Client Search

Last Name Training First Name Manual Program

Other Search Strategies

SSN Search 999 99 9999 Phone # Search

DOB Search 06/07/2002 Master Client ID Search

Primary Clinician Search Client ID Search

Authorization ID / # Insured ID Search

Records Found

ID	Master ID	Client Name	Chosen Name	SSN/EIN	DOB	Status	City	Primary Clinician
1234	1234	...	...	9999	08/29/19...	Active		
1081	1081	...	...	9999	09/17/19...	Active		
1072	1072	...	...	9999	03/03/19...	Active		
1209	1209	...	...	9999	10/10/19...	Active	heavyton	
1096	1096	...	...	9999	08/01/19...	Active		Clinician, Robert
1007	1007	...	...	9999	05/27/19...	Active	Test	

Select Cancel

Create New Client Record

- g. This will take you back to the Inquiry screen but now a client ID number will be added.

Inquiry Details Guide Menu Remove Client Link Link/Create Client Register Client

Initial Insurance Demographics

Inquirer Information ☐ Crisis

Relation To Client Self First Name Manual Middle Name Last Name Training

Call Back (916) 555-7878 Ext Email

Start Date 01/06/2023 T Y Start Time 5:16 PM Now

Client Information (Potential)

First Name Manual Middle Name Last Name Training Client ID 1234 Sex Male

SSN 999999999 ☒ SSN Unknown/Refused DOB 06/07/2002 Age (20 Years) Medi-Cal ID

Home Phone (916) 555-7878 Cell Email

☐ Client is not homeless ☐ Client is homeless ☐ Client is chronically homeless

Urgency Level Not urgent

Address1 Inquiry type Request for services/screening

Address2 Contact type call

City Priority Population

State Zip County of Residence Search here

Presenting Problem

Client Can Legally Sign ☐ Yes ☐ No

Current Client Information (If any)

Client Id: 1234  
Last Inquiry Date:  
Coverage History  
No Coverage History

8. Click on the “Insurance” tab.
  - a. Select “Medi-Cal” from the “Payer” drop-down and enter the client’s Medi-Cal number (CIN) in the “Insurance ID” field. Click “Verify” to verify the client’s Medi-Cal insurance.

**Inquiry Details** [Remove Client Link] [Link/Create Client] [Register Client] [Settings] [Info] [AB] [Print] [Save] [X]

**Initial** **Insurance** **Demographics**

**Electronic Eligibility Verification**

Payer [v] Insurance ID [ ] Verify...

**Coverage Information** ☒ Show Current Plans Only

Plan	Insured ID	Group ID	Comment
Coverage Information			

Add

- b. The Insurance Eligibility Verification screen opens.
  - a. Click Submit Request at the bottom right corner.
  - c. Click the **Update Coverage Plans** button to automatically update the client’s Medi-Cal coverage.

**Insurance Eligibility Verification**

Insurance Eligibility

Request Response

**Update Coverage Plans**

MEDI-CAL Eligibility

Eligibility Coverage Start Date Coverage End Date

BILLABLE 2024-09-17

BILLABLE 2024-09-17

Subscriber

Patient

First Name Last Name Patient Address Patient City Patient State Patient Zip

Detail Benefits

Info	Coverage Level	Service Type	Insurance Type	Benefit Entity Name	Plan Coverage Description	Group Policy Num	Start Service Date
Other Source of Data							
Active Coverage		Health Benefit Plan Coverage	Medicaid				
Managed Care Coordinator		Medical Care		CENCAL HEALTH			
Other or Additional Payor		Medical Care		MULTIPLE PLANS COMPREHENSIVE			
Coverage Basis					OIM P		

- d. Additional insurance information can be added in the Plan field in the Coverage Information section.
- e. Click Add. Select the plan from the drop-down and enter in Insured ID#.
- f. Click Save.

9. Click on the “Demographics” tab
  - a. We recommend completing the “Gender Identity” and “Pronoun” fields to ensure the person is not misgendered as additional staff engage with the client.
  - b. Complete the “Primary/Preferred Language” field. If the client does not speak English or requires an interpreter, make sure to check the appropriate checkbox.
  - c. If the client has any transportation issues and will need transportation to and/or from appointments, check the Transportation Service checkbox.

**Inquiry Details**

Initial Insurance **Demographics**

**Identifying Information (Optional)**

Gender Identity  Pronoun  Sexual Orientation

**Language**

Primary/Preferred Language  ☐ Client does not speak English ☐ Interpreter Services Needed

**Transportation Information**

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

**Preferences**

Communication Preference  Days ☐ M ☐ T ☐ W ☐ Th ☐ F Geographic Location

Comment

10. Go back to the Initial tab and enter the **Referral Resource** section.
  - a. **Referral Date** is today.
  - b. **Referral Type** is what type of referral is this: Self, Criminal Justice, Social Services.
    - i. Depending on the Referral Type selected, you will need to complete the **Referral Subtype** dropdown.

**Referral Resource**

Referral Date  Referral Type  Referral Subtype

Organization Name  Phone

First Name  Last Name


Address Line 1  Address Line 2

City  State  Zip  Email

Comments

11. Complete the **Inquiry Handled By** section.

- a. **Program** – The Walk-In or MAT Walk-In program for your clinic
- b. **Location** – Choose Office
- c. **Information Gathered By** – Your name (should auto populate)
- d. **Assigned To** – the staff member that will be doing the screening.

**Inquiry Handled By** 

---

Recorded By: Redman, Byrekka      Information Gathered By: Redman, Byrekka

Program: DAS GB MAT Walk-in (5232)      Gathered By Other:


Location: Office      Assigned To: Acosta, Angie

12. Complete the **Disposition** section.

- a. **Select Disposition** – Referred to internal services
- b. **Select Service Type** – Access Screening
- c. **Select Provider/Agency** – Do Not enter anything in this field.
- d. **Program** – Enter your clinic's Walk-In or MAT Walk-In client program.
- e. **End Date** – Select the **T**, it will enter in today's date.
- f. **End Time** – Select the **Now** button.
- g. **Status** - Complete

**Disposition**

---


 Referred to internal service


Access Screening

Select Provider/Agency

[Add Provider](#)

[Add Service Type](#)


Assigned Staff:  Assigned WorkGroup:

DAS GB MAT Walk-in (5232)      Program Status Date:  

Disposition Comments:

[Add Disposition](#)

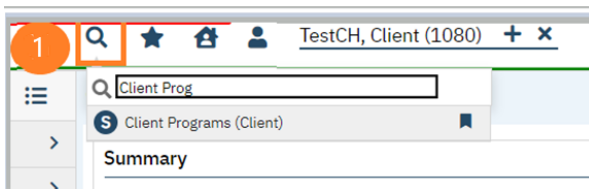
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End Date: 09/24/2024 **T** **Y**       End Time: 08:55 AM **Now**      Status: Complete

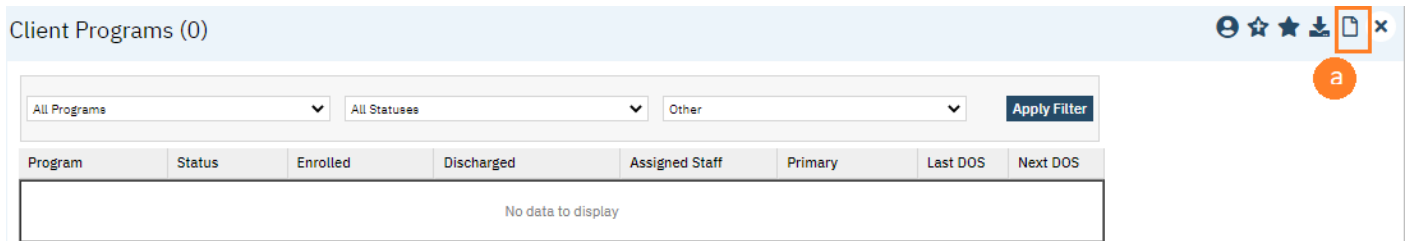


## Enroll client in your program

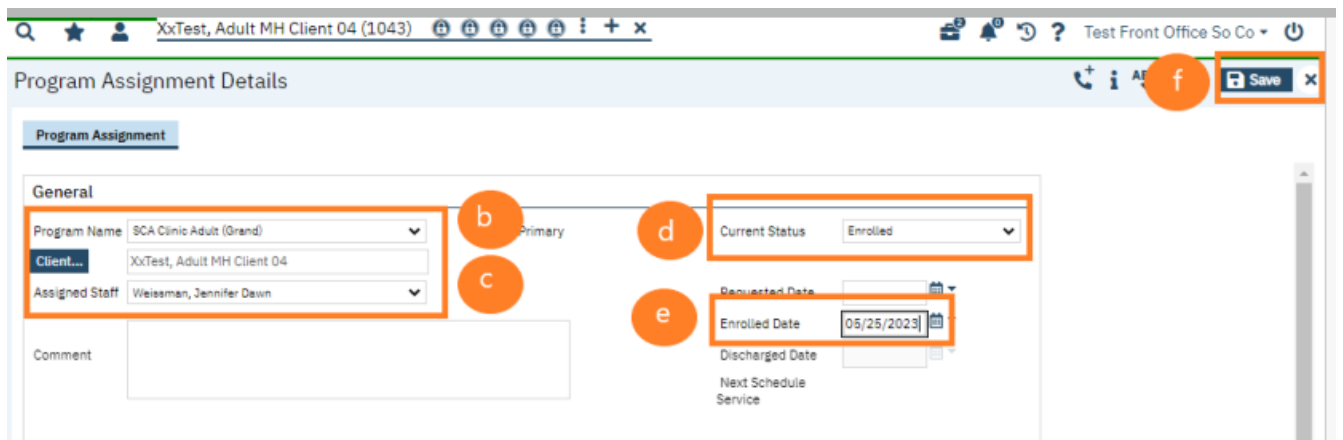
1. With the client open, go to search bar and type in **Client Programs (Client)**.



- a. Click new icon in the upper right of the screen.

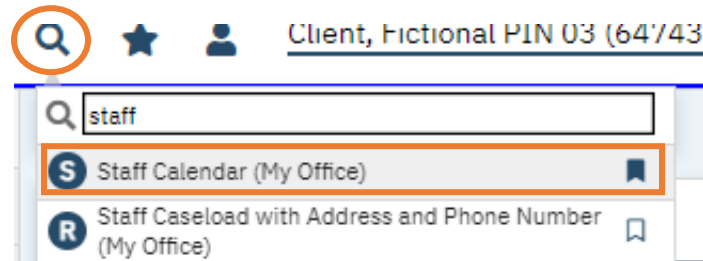


- b. In the Program Name field, select the program for your site.
  1. Add the Walk-In or MAT Walk-In for your clinic.
  2. Add Case Management for your clinic.
  3. Add Drug Testing for your clinic.
- c. In Assigned Staff, select the staff member client will be seeing.
- d. In Current Status field, select "Enrolled".
- e. Enter in Enrolled Date (same date client is presenting for the screening).
- f. Click Save and X to close.

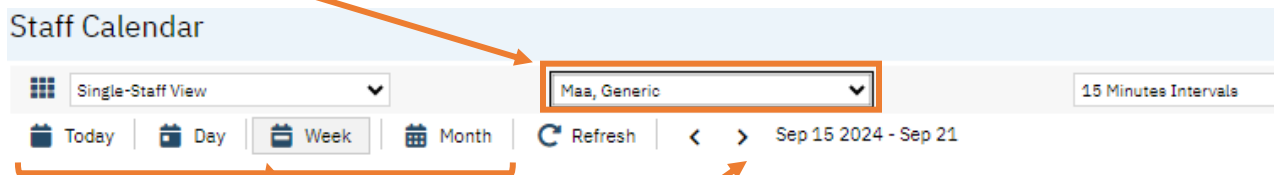


## Add Client to Staff's Schedule

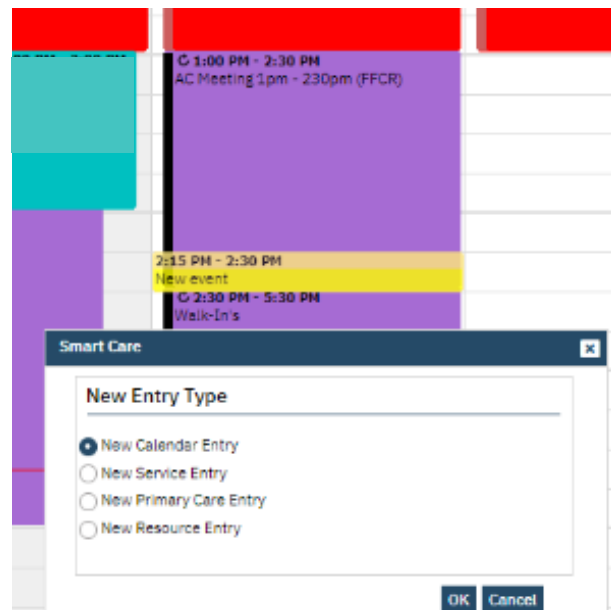
1. With the client open, Click the Search icon.
2. Type **Staff Calendar** in the search bar.
3. Click to select **Staff Calendar (My Office)**



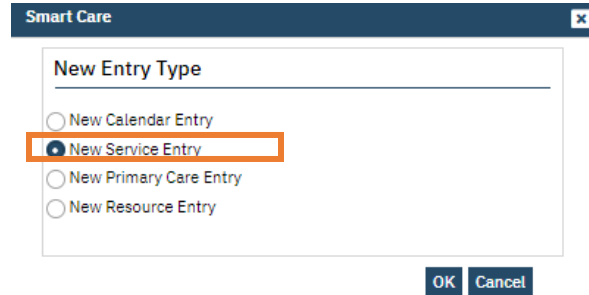
4. Select the staff you want to schedule for.



5. Select the duration you want to view; Today, Day, Week, Month.
6. Select the timeframe you want to view.
7. Apply filter at the top right.
8. From the Staff Calendar screen, click and drag your mouse on the calendar timeslot you want to book.
  - a. Note: If you are trying to schedule a time that has an available appointment spot indicated in the staff's calendar, you will need to click and drag your mouse in the white area next to the color block.

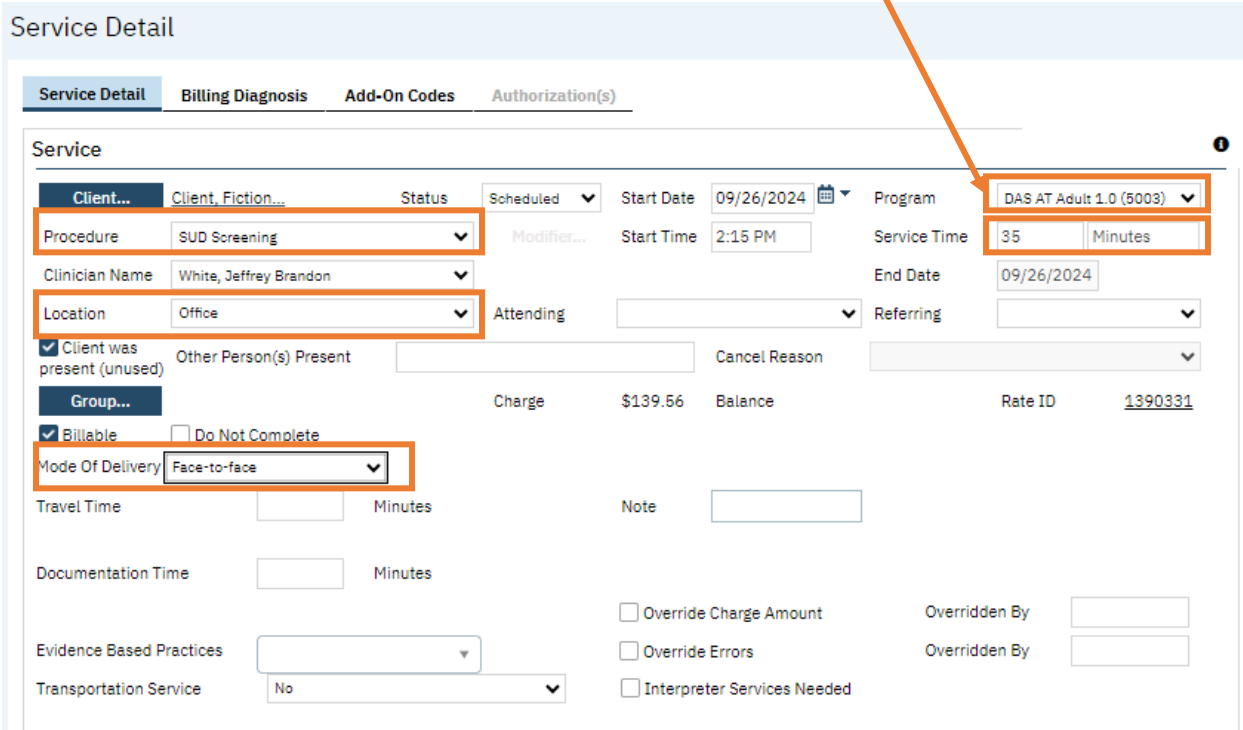


9. In the New Entry Type pop-up, select the New Service Entry radio button.

A screenshot of a 'Smart Care' pop-up window titled 'New Entry Type'. It contains four radio button options: 'New Calendar Entry', 'New Service Entry' (which is selected and highlighted with an orange box), 'New Primary Care Entry', and 'New Resource Entry'. At the bottom right are 'OK' and 'Cancel' buttons.

7. Click OK.

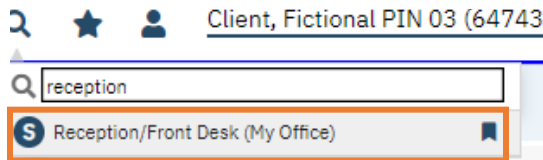
8. In the **Service Details** screen, click the drop-down menu in the **Program** field and select the appropriate program.

A screenshot of the 'Service Detail' screen. The 'Program' field is set to 'DAS AT Adult 1.0 (5003)' and is highlighted with an orange box. An orange arrow points from the instruction above to this field. Other fields highlighted with orange boxes include 'Procedure' (SUD Screening), 'Location' (Office), 'Service Time' (35 Minutes), and 'Mode Of Delivery' (Face-to-face). The screen also shows fields for Client, Status, Start Date, Start Time, End Date, Referring, Charge, Balance, Rate ID, and various checkboxes for billing and documentation.

10. **Procedure** - select the appropriate procedure.  
a. Walk-Ins will be **SUD Screening**.
11. **Location** – Select **Office** unless the Screening happens at another location.
12. **Service Time** – Enter the duration of the appointment.  
a. Walk-ins are generally 35-45 minutes.
13. **Mode of Delivery** – Select **Face-to-Face**, unless the service happens by telephone.
14. Click the **Save** icon. Click the X icon to close the screen.

## Check-in Client

1. Click the Search icon.
2. Type **Reception** in the search bar.
3. Click to select **Reception-Front Desk (My Office)**



4. In the Reception/Front Desk screen, locate the correct client along with correct staff and appointment time.
5. Click on the Scheduled link in Status column.

Reception/Front Desk (7)

08/15/2024 All Views Scheduled All Clinicians Apply Filter									
	Time	Client	Flags	Procedure	Status	Staff	Balance	Comment	
(Q)	11:00 AM		i	Medication Tra...	<a href="#">Scheduled</a>	Cearley, Jana PT...	\$229.72	Add	
(Q)	11:15 AM		i	Medication Tra...	<a href="#">Scheduled</a>	Powers, Shawn...	\$0.00	Add	
(Q)	1:15 PM		i	TCM/ICC	<a href="#">Scheduled</a>	Cordova, Avery...	\$0.00	Add	
(Q)	2:00 PM		i	Medication Tra...	<a href="#">Scheduled</a>	Cearley, Jana PT...	\$0.00	Add	
(Q)	2:00 PM		@ i	TCM/ICC	<a href="#">Scheduled</a>	Johnson, Julia A...	\$0.00	Add	
(Q)	4:30 PM		i	Individual The...	<a href="#">Scheduled</a>	Mariscal, Mariso...	\$0.00	Add	
(Q)	5:00 PM		i	SUD Screening	<a href="#">Scheduled</a>	Bonniwell, Chris...	\$0.00	Add	

6. It will automatically default to Show. Click Change.

Change Status

Show

Change Close

7. Once the client has been checked-in, click the blue link client name to open their record.

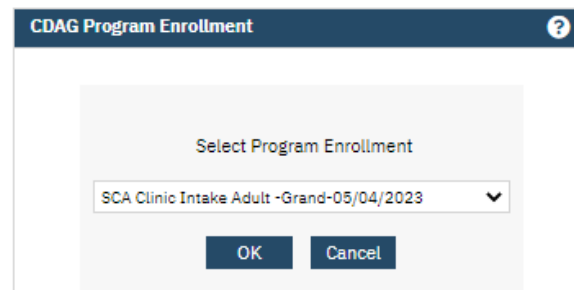
Note: Once the client has been checked-in, it will display as "Show" on the staff's Appointments for Today widget. Staff should be encouraged to frequently refresh their Appointments for Today widget.

## Obtain Client Consents

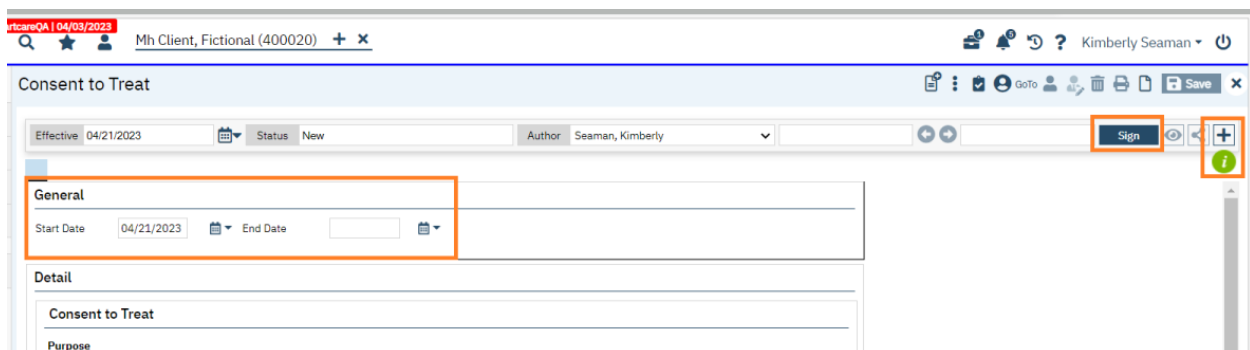
1. In the Search select the document you need the client to sign.
  - a. You can also create shortcuts and have the documents listed in the left column or you can navigate to **Client** then **Documents** to search each one.

You will need the following documents electronically signed by the client:

- Consent for Email Communication
  - Consent for Telehealth
  - Consent for Text Communication
  - Consent to Treat
2. Upon launching a consent document, a dialogue box will open asking you to select the CDAG Program Enrollment. Select the program for your site.



- a. The consent documents do not have any fields that need to be entered. (Start date auto-populates with date document is launched. Leave the end date field blank.) The documents need to be explained to the client and/or guardian, and if consenting, obtain signature(s).
3. Start by signing. Click the Sign button in the upper right-hand corner.



4. Next, click the + button. The signer box will open.
  - a. Click the radial button next to the client's name.
  - b. Click the Co-Sign button. (Note: there is an X next to the radial button. If you click the X, instead of the radial button, the signatory's name will disappear. You will then need to go to the "Add Signer Field" and select the client from the drop-down menu to re-insert them into the signatory box. You can click the X to delete client under 12 years old but will need to add in the parent/guardian signature.

Consent to Treat

Effective: 04/21/2023 Status: Signed Author: Seaman, Kimberly

Other Versions: 1. 04/21/2023, Kimberl...

Signed By: 1. Kimberly Seaman ON 04/21/2023 (1)

Signer: Add Signer(s)... X Test, Clarence

Program: SLO Clinic Adult-04/19/2023

Co-Sign Decline

Document

5. The signature window will display. Select method client will be signing. Once signed, click the Sign button.
  - a. We do not use the Password or Verbally Agreed Over phone options.

SignaturePage

Test, Clarence is signing the Consent to Treat

Test, Clarence 04/21/2023 10:23 AM

☐ Password ☒ Signature Pad ☐ Mouse/Touchpad ☐ Client Signed Paper Document ☐ Verbally Agreed Over Phone

Sign Clear Cancel

6. If parent/guardian signature is needed, select "Other Signer" from the drop-down menu in the Add Signer field, enter in the name of the parent/guardian and specify relationship to client, then click OK.

Consent to Treat

Effective: 05/04/2023 Status: Signed Author: Seaman, Kimberly

Other Versions: 1. 05/04/2023, Kimberl...

Signed By: 1. Kimberly Seaman ON 05/04/2023 (1)

Signer: Add Signer(s)...

Co-Sign Decline

Add Other Signer

Name of signer:

Relationship to client:

OK Cancel

7. Verify all needed signatures have been obtained. You can print a copy for the client by clicking the print icon. Click X to close the screen.

Consent to Treat

Effective: 04/21/2023 Status: Signed Author: Seaman, Kimberly

Other Versions: 1. 04/21/2023, Kimberl...

Signed By: 1. Kimberly Seaman ON 04/21/2023 (1) 2. Test, Clarence ON 04/21/2023 (1)

Signer: Add Signer(s)...

Program: SLO Clinic Adult-04/19/2023

Co-Sign Decline

Document

Repeat this process for all Consent documents.

\*If client declines to sign any consent document, instead of clicking co-sign button after you have selected radial button next to client's name, select the decline button. Verify the declined signature has been accepted, then X out to close.

The screenshot shows the 'Consent to Treat' window. The 'Status' is 'Signed'. The 'Author' is 'Seaman, Kimberly'. The 'Signed By' list shows two entries: '1. Kimberly Seaman ON 04/21/2023 (1)' and '2. Goodman, Saul (Declined)'. The 'Decline' button is highlighted with an orange box.

## Coordinated Care Consent

1. You must first have the client open, click the Search icon.
2. Type **Coordinated Care Consent** into the search bar.
3. Click to select Coordinated Care Consent (Client).



4. In the CDAG Program Enrollment window pop-up, click the drop down and click to select the appropriate program.
5. Click OK to continue.

The screenshot shows the 'CDAG Program Enrollment' window. The 'Select Program Enrollment' dropdown is open, showing 'MH Screening-10/03/2022'. The 'OK' button is highlighted with an orange box.

6. Most of the Coordinated Care Consent document is wording. Review this with the client. (See script on page 17.)

7. The Client Information section will pull information from the Client Information screen. If it does not pull or the information needs to be updated, you will need to add the information here. If you need to update the information, we recommend doing that in the Client Information Screen.

**Client Information**

First Name: Fictional PIN 03      Last Name: Client

Date Of Birth: 05/01/1995      Email:      Relation of contact to client:      Contact (other than client):     

**Phone Numbers**

		DNC	DNLM
Mobile	(805) 555-1234	<input type="checkbox"/>	<input type="checkbox"/>
Business		<input type="checkbox"/>	<input type="checkbox"/>
Business 2		<input type="checkbox"/>	<input type="checkbox"/>
Fax		<input type="checkbox"/>	<input type="checkbox"/>

**Addresses**

Home: 123 Main Street  
Any Town, CA 93401

Billing: ☐      Details...

**Consent**

I give consent for sharing of information across all services within the County of San Luis Obispo Behavioral Health behavioral health network.      Yes      No

Start Date: 09/25/2024      Expiration Date:     

8. In the Consent section, the client should indicate whether they want to consent to sharing information within SmartCare or not.
  - a. Selecting “Yes” will allow the sharing of information across SmartCare. Selecting “No” will keep the information users see limited to their CDAG.
  - b. The Start Date will automatically populate to today’s date. We recommend leaving the Expiration Date blank, unless the client explicitly indicates that they would like this consent to last for a short time.

**Client Identified Restrictions**

Restricted Staff:      Maa, Generic

Details on any other restrictions of sharing my data. This will prompt a review by the County of San Luis Obispo Behavioral Health Privacy Officer. This does not guarantee the restriction of this data as specified in the text.


Enter details of the restrictions here:     

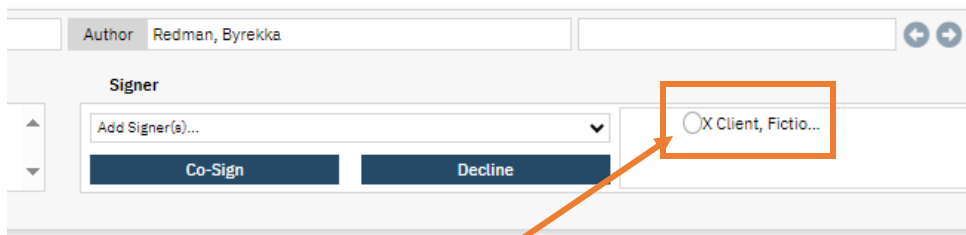
9. If the client wants to keep their chart private from specific individuals, you can add them in Restricted Staff. You can enter more than one staff as needed.
  - a. Type the staff’s name in the Restricted Staff box. This will search for users. Select the appropriate staff from the search results.
  - b. This will add the user to the form. If you selected the incorrect user, you can click on the Delete icon to remove them from the form.



- c. There is also a text box if the client wants additional restrictions. This will send a notification to the Privacy Officer, as denoted in SmartCare, to contact the client to discuss the limitations the client is requesting.

10. Click **Sign** in the top right corner.

11. This will create the PDF version of the form. Click the  icon in the upper right corner of the PDF viewer. This opens the signature details. Select the client and/or guardian from the Signer field. You will need to select each cosigner one at a time, so repeat these steps as needed.



12. Select the radial button next to the client's name.

13. Select **Co-Sign**.

- a. The **Signature Page** will open.
- b. Select the method of capturing the signature. **NOTE: Regulations require a signature for documents related to releasing information, so you should not select the "Verbally Agreed Over Phone" option on this document.**
- c. Have the client sign using the signature pad.
- d. Select the **Sign** button.

## **Suggested Language for Talking with the client about the Coordinated Care Consent:**

Our program/clinic is part of Behavioral Health. Behavioral Health includes Mental Health Services, Drug & Alcohol Services, and Crisis Services. These programs and services use the same behavioral health record. By signing this Coordinated Care Consent, it will allow the staff in this program to coordinate effectively with the other providers I have mentioned, if you also utilize their services. The purpose of coordination is to provide you with the best care possible. Signing this consent does not allow us to redisclose or share other parts of your behavioral health record with others outside of Behavioral Health without your specific permission.

If a client asks, "what information would you share?"

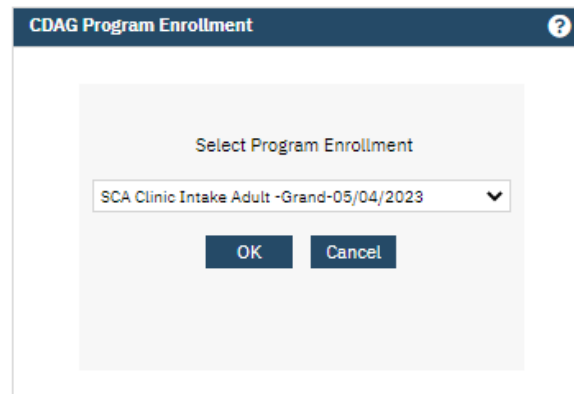
For example, by signing the Coordinated Care Consent, it would allow us to coordinate with staff in the other programs to make sure you are receiving the services that you need, and that medications are being prescribed in a coordinated way, for example.

## Obtain Release of Information

1. With the client record open, click the Search icon.
2. Type **Release of Information** into the search bar.
3. Click to select **Release of Information (Client)**.



4. In the CDAG Program Enrollment window pop-up, click the drop down and click to select the appropriate program.
5. Click OK to continue.



6. Complete the Release To/Release From section. Make sure to select whether this authorization allows you to release information to this entity and/or obtain information from this entity.

A screenshot of a 'Release To/Release From' form. The form has a title 'Release To/Release From' and a subtitle 'Name or Other Specific Identification of Person(s) authorized to receive/ make the requested use or disclosure:'. There are two radio buttons: 'Organization/Provider' and 'Contact'. The 'Contact' radio button is selected. To the right of the radio buttons is a button labeled 'Open Contacts'. Below the radio buttons is a 'Type' section with two checkboxes: 'Release To' and 'Obtain From', both of which are checked. Below the 'Type' section is a dropdown menu for 'Release To/From' with the value 'Training, Spouse'. Below this are fields for 'Contact Type', 'Organization', 'Name', 'Address', 'City', 'State', 'Zip', 'Phone', and 'Fax Number'. A red circle with the number 6 is overlaid on the 'Release To' and 'Obtain From' checkboxes.

- a. If the person you're completing this release for is already entered as a contact in the Client Information Screen, select "Contact" and then select the person from the drop-down list "Release To/From". This will bring in the contact person's information.

**Release To/Release From**

Name or Other Specific Identification of Person(s) authorized to receive/ make the requested use or disclosure:

☐ Organization/Provider ☒ Contact  Type

Release To/From a

Contact Type

Organization

Name

Address

City  State

Phone  Fax

- b. If you're completing a release for an organization, such as Social Services or a school, select "Organization/Provider". This opens a button next to the Release To/From field. Clicking this brings up a pop-up window where you can enter the organization's information. Click save. This will push this information to the ROI and save this information for future ROIs. Enter the organization's information.

**Release To/Release From**

Name or Other Specific Identification of Person(s) authorized to receive/ make the requested use or disclosure:

☒ Organization/Provider ☐ Contact  Type ☐ Release To ☐ Obtain From

Release To/From b

Contact Type

Organization

Name

Address

City  State  Zip

Phone  Fax Number

- c. If you're completing a release for a contact person that is not currently entered as a contact in the Client Information Screen, selecting "Contact" will create an opportunity to select the button "Open Contacts". This will take you to the Client Information Screen, where you can add additional contact.

**Release To/Release From**

Name or Other Specific Identification of Person(s) authorized to receive/ make the requested use or disclosure:

☐ Organization/Provider ☒ Contact  Type ☐ Release To ☐ Obtain From

Release To/From

Contact Type

Organization

Name

Address

City  State  Zip

Phone  Fax Number

- Purpose of Disclosure**



---

☐ Process insurance/third party claims
 ☒ Treatment/Care Coordination
 ☐ Quality Improvement
 ☐ Other

- Expiration**

If nothing is marked, the authorization will expire one (1) year from date signed. If you would like to specify a different expiration date, then do so by selecting one of the alternative options below or using the "end date" box below.

☐ 1 time disclosure
 ☐ 6 months

Start Date  
 End Date  

- Information to be Disclosed

The information that can be disclosed under this authorization consists of the following, if available:

ROI TypeSUD

☒ All Records

☐ Intake/Admission Information

☐ Discharge Summary/Plan

☐ School Records/Reports/IEPs

☐ Progress Notes

Other

☐ Acknowledgement of Treatment

☐ Psychological Evaluation(s) Reports

☐ Progress Review/Summary

☐ Medical History, Lab Results, Immunizations Records

☐ Billing &/OR Insurance Information

☐ Medications Prescribed

☐ Screening Assessment(s)

☐ Treatment Plan(s)

Records Start Date

Records End Date

- | Restrictions |
|--------------|
|              |

11. **Agency Contact Information** – Select your clinic’s **Program** from the dropdown menu. The clinic information will auto populate.

- a. DO NOT add specific staff to the Attention field- we don’t want to limit Release of Information to just that staff member.

**Agency Contact Information**

Program: DAS SLO Walk-In (5401) Attention:

Address: 2180 Johnson Ave

City: SAN LUIS OBISPO State: California Zip: 93401

Phone:

12. The Other section allows you to document if the client received or declined a copy of the document. It also allows you to document how you verified the client’s identity as the appropriate person to sign this document. Enter your name in the Agency Staff field.

**Other**

Copy Given to Client ☒ Yes ☐ Declined a copy

Agency Staff: Your Name Here

ID Verified By ☒ Driver's License ☐ Other Picture ID ☐ Known to Agency

13. The Additional information section must be completed to document the disclosure of certain types of information. The client must opt to either authorize or prohibit each of these specialty types of information.

- a. **Select the I authorize for Alcohol/Drug Abuse** – if this is not selected, then we cannot disclose any information because we are a Drug & Alcohol treatment facility.
- b. **Select I PROHIBIT HIV/AIDS information** – we would not disclose this information because we are not a medical treatment provider for this type of diagnosis.

**Information about HIV/AIDS and Substance Abuse Treatment**

Information about HIV/AIDS status and treatment for Substance Abuse will not be released without your specific permission. Do you authorize these releases of information to the person / organization listed above?

**Alcohol/Drug Abuse:**

☒ I authorize the release of information relating to referral and/or treatment for alcohol and drug abuse.

☐ I PROHIBIT the release of information relating to referral and/or treatment for alcohol and drug abuse.

**HIV/AIDS/Sexually Transmitted Disease/Communicable Disease**

☐ I authorize the release of information relating to HIV/AIDS/sexually transmitted disease/communicable disease.

☒ I PROHIBIT the release of information relating to HIV/AIDS/sexually transmitted disease/communicable disease.

14. Click the Sign button in the upper right-hand corner.

15. Next, click the + button. The signer box will open. Click the radial button next to the client’s name. Click the Co-Sign button.

**Release of Information**

Effective: 04/21/2023 Status: Signed Author: Seaman, Kimberly

Other Versions: 2. 04/21/2023, Kimbarl... 1. 04/21/2023, Kimbarl...

Signed By: 1. Kimberly Seaman ON 04/21/2023 (1) 2. Kimberly Seaman ON 04/21/2023 (2)

Signer: Add Signer(s)... K Goodman, Saul

Program: SCA Clinic Intake Adult 04/21/2023

Co-Sign Decline

16. The signature window will display.
- Select method client will be signing.
  - (Do not use verbally agreed over phone for signature. Doing so will invalidate the Release of Information.)
  - Once the client has signed, click the Sign button.
    - Note: If a client is under 12 years old, you may delete the client signature. You will need to add the parent/guardian signature.

The screenshot shows a window titled "SignaturePage". Inside, it says "Goodman, Saul is signing the Release of Information". Below this is a large empty box for the signature. At the bottom, there is a summary bar with the name "Goodman, Saul", the date "04/21/2023", and the time "11:31 AM". Below the summary bar are five radio buttons: "Password" (selected), "Signature Pad", "Mouse/Touchpad", "Client Signed Paper Document", and "Verbally Agreed Over Phone". At the bottom of the window are three buttons: "Sign", "Clear", and "Cancel".

17. Add parent/guardian, if needed. Select "Other Signer" from the drop-down in Add Signer field, enter in name of signer and specify relationship to client, then click OK.

The screenshot shows a web form titled "Release of Information". It has a header with "Effective 05/18/2023", "Status Signed", and "Author So Co, Test Front Office". Below this is a table with "Other Versions" and "Signed By". The "Signed By" section shows "Test Front Office So Co ON 05/18/2023 (1)". To the right of the table is a "Signer" field with a drop-down menu. The drop-down menu is open, showing "Add Signer(s)..." and a "Co-Sign" button. Below the "Signer" field are "Co-Sign" and "Decline" buttons. To the right of the "Signer" field is a "Program" field with a drop-down menu showing "SCA Clinic MD Adult (Grand) G".

The screenshot shows a dialog box titled "Add Other Signer". It has two input fields: "Name of signer:" and "Relationship to client:". Below these fields are "OK" and "Cancel" buttons.

18. Verify all needed signatures have been obtained. Click X to close the screen.

## Multi-Party Release of Information

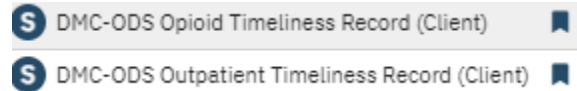
For Multi-Party Release and Multi-Party Criminal Involved Release, see guidelines located:

[MySLO - How to Guides](#)

## Launch Timeliness Document

If Client has active Medi-Cal.

With the client record open, type **DMC-ODS** into the search bar. Your two choices will come up.



For **ALL** Walk-In clients, select DMC-ODS Outpatient Timeliness Record.

1. Select the walk-in CDAG for the client.
2. Select **Referral Source** from drop down.
3. Enter the **Date of First Contact to Request Services** as date of the Inquiry.
4. Select the **Appointment Type** from the drop-down. Most clients will be **Outpatient SUD**.
  - a. If the client is seeking MAT services, select **Withdrawal Management**.

### DMC-ODS Outpatient Timeliness Record

*This is only required for Medi-Cal beneficiaries who are making an initial request for outpatient substance use disorder treatment services.*

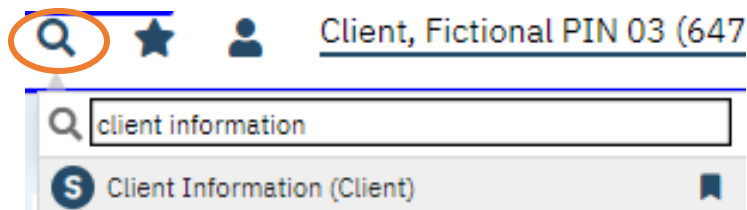
#### Initial Request and Appointment

A screenshot of the 'Initial Request and Appointment' form. The form contains several fields: 'Referral Source' (a dropdown menu), 'Date of First Contact to Request Services' (a date and time picker), 'Appointment Type' (a dropdown menu with 'Outpatient SUD' selected), 'Urgent (if selected, time fields are required)' (a checkbox), 'Prior Authorization Required' (a checkbox), 'First Service Appointment Offered Date' (a date and time picker), and 'First Service Appointment Rendered Date' (a date and time picker). The 'Urgent' checkbox and the 'Appointment Type' dropdown are highlighted with orange boxes.

5. If the client is requesting MAT, all IV drug using clients, parenting or pregnant, select the **Urgent** box. If they are not one of the above listed types of clients, do not check this box.
6. If the client is **Urgent** then you must fill in the time fields on the form.
7. We will not utilize the **Prior Authorization Required** box.
8. **First Service Appointment Offered Date** would be today for walk-in clients.
9. **Save** the document
10. Change the **Author** to your site HIT. They will complete the rest of the document.
11. If opening to MAT Walk-In, both the DMC-ODS Outpatient Timeliness Record **AND** the DMC-ODS Opioid Timeliness Record will need to be launched. The DMC-ODS Opioid Timeliness is completed the same as the Outpatient except that first offered service must be within three days. If delay reason is required on form contact site HIT.

## Enter in Client Information (Screen)

With the client record open, type **Client Information** in the search bar. Select **Client Information (Client)**.



Enter all information in the General tab, Alias tab, Demographic tab, and Contacts tab. Once done, click Save and X to close.

If the client reports that they are homeless. Enter in the “Home” addresses: **Homeless and the city, state, and zip** they are accessing services in.

- If the client is Homeless, enter General Delivery as their “Mailing” address. See example on next page.

Client Information

**General** Aliases Demographics Financial Release of Information Log Contacts Family External Referral External Identifications

Custom Fields

**General Information**

Type of Client ☒ Individual ☐ Organization

Client ID 400001 SSN 0001 [Modify...](#) Do Not Use  Do Not Use

Prefix  First Name Fictional 01 Middle Name  Last Name Mh Client Suffix

E-Mail mheintz15@gmail.com Medi-Cal ID 91234567A ☒ Active Professional Suffix

Medicare Beneficiary ID

Patient Portal ID 1002750 [Create](#) [Reset](#)

**Phone Numbers**

		DNC	DNLM
Home	(805) 555-5551	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Business	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home 2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business 2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Addresses**

Home ☒ Homeless  
San Luis Obispo, CA 93401

☐ Billing

[Details...](#) [History](#)

**Comment**

List any special needs or considerations important to note about the client

**Addresses**

Home ☒ Homeless  
San Luis Obispo, CA 93401

☐ Billing

[Details...](#) [History](#)



**Mailing address:** If the client has a specific address where they want to receive mail, select the dropdown arrow, and find “**Mailing**” from the list. Enter the mailing address the client provides.

- If they are homeless do not have a mailing address enter: **General Delivery and the city, state, and zip** where they are accessing services in.

Client Information

**General** Aliases Demographics Financial Release of Information Log Contacts Family External Referral External Identifications

Custom Fields

**General Information**

Type of Client ☒ Individual ☐ Organization

Client ID 400001 SSN 0001 [Modify...](#) Do Not Use  Do Not Use

Prefix  First Name Fictional 01 Middle Name  Last Name Mh Client Suffix

E-Mail mheintz15@gmail.com Medi-Cal ID 91234567A ☒ Active Professional Suffix

Medicare Beneficiary ID

Patient Portal ID 1002750 [Create](#) [Reset](#)

**Phone Numbers**

		DNC	DNLM
Home	(805) 555-5551	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Business		<input type="checkbox"/>	<input type="checkbox"/>
Home 2		<input type="checkbox"/>	<input type="checkbox"/>
Business 2		<input type="checkbox"/>	<input type="checkbox"/>

**Addresses**

**Mailing** ☒ PO Box (enter in number)  
SAN LUIS OBISPO, CA 93408

☐ Billing

[Details...](#) [History](#)

**Comment**

List any special needs or considerations important to note about the client

**Addresses**

**Mailing** ☒ General Delivery  
SAN LUIS OBISPO, CA 93401

☐ Billing

[Details...](#) [History](#)

OR

**Addresses**

**Mailing** ☒ PO Box (enter in number)  
SAN LUIS OBISPO, CA 93408

☐ Billing

[Details...](#) [History](#)

**Comment Box:** Add the client’s Driver’s License or ID in this location.

If a client does not have a Driver’s License/ID or refuses to provide one, please type the below codes in the comment box:

99902 – None/Not Applicable

99900 – Declined to State

**Comment**

List any special needs or considerations important to note about the client

CA DL# A123456 or  
99902 – None/Not  
Applicable  
or  
99900 – Declined to  
State

## Enter in Health Information Exchange Preference

1. In the **Client Information** Screen, you will select the **Custom Fields** tab
2. Based on the client's preferences selected by the client, you will either uncheck the **Opt Out of Data Sharing** or leave the box still checked.
  - If the client wants to share their data, uncheck the **Opt Out of Data Sharing** box.
    - ☐ Opt Out of Data Sharing
    - Enter the date the document was signed as the **From** date. Leave the **To** date blank.
  - If the client DOES NOT want to share their data, check the **Opt Out of Data Sharing** box
    - ☒ Opt Out of Data Sharing
    - Enter the date the document was signed as the **From** date. Leave the **To** date blank.
    - Select the **Person Requesting Opt Out** from the dropdown.
    - Select the **Reason for Opt Out** from the dropdown.
    - In the **Additional Notes** box, enter the Date the document was signed by the client and add a note referencing what they are opting out of and your full name.
      - Example: *1-1-25 Opted out of substance use disorder information. Opted out of Gender-affirming Care Information. Kathy McGuire*

Client Information

General

Aliases

Demographics

Financial

Release of Information Log

Contacts

Family

External Ref

Custom Fields

SUD Sliding Fee Determination

Start Date   End Date   ☐ Income Verified  Per Session Fee

California Reporting

PseudoSSN

Data Sharing

☒ Opt Out of Data Sharing

From   To

Person Requesting Opt Out:  Reason for Opt Out:

Additional Notes

Self (Client)

Guardian/Custodian

Other Authorized Individual

County Administrative Staff

For example: 1-1-25 Opted out of substance use disorder information. Opted out of Gender-affirming Care Information. Kathy McGuire

Client Information (C)

General Aliases Demographics Financial Release of Information Log **Contacts** Family External Referral Custom Fields

**General Information**

Type of Client: ☒ Individual ☐ Organization

Client ID: 400008 SSN: 0110 [Modify...](#) Client Level Staff:  Client Level Doctor:

Prefix:  First Name:  Middle Name: 11 Last Name: Mh Fictional Suffix:

E-Mail:  Medicaid ID:  ☒ Active Professional Suffix:

Medicare Beneficiary ID:

Patient Portal ID:  [Create](#) [Reset](#)

**Phone Numbers**

Home: ☒ (805) 555-0011 ☒ DNC ☐ DNLM ☐

Business: ☐ ☐ ☐ ☐

Business 2: ☐ ☐ ☐ ☐

Fax: ☐ ☐ ☐ ☐

**Addresses**

Home: ☒ 1234 IAML0ST  
SAN LUIS OBISPO, CA 93401

☐ Billing [Details...](#) [History](#)

**Comment**

List any special needs or considerations important to note about the client

[Save](#) [X](#)

If the client is a minor, make sure to add parent/guardian information in the Contacts tab. Ensure to check the financially responsible box, as well as guardian and/or household member boxes, so this will push through the system and will automatically add parent/guardian information to the UMDAP Financial Assessment (discussed later in this guide), as well as add their signature to any future forms that require signatures.

Client Information (C)

General Aliases Demographics Financial Release of Information Log **Contacts** Family External Referral Custom Fields

**Relation**  Father [Add to Frequent Contacts](#) [Frequent Contact Search](#)

**Prefix**  **First Name**  Dad **Last Name**  Test **Suffix**

**Date of Birth**  01/01/1985 **Age**  38 Years **Sex**

**List As**  Test, Dad **E-Mail**

**Credentials**  **Department**  **Professional Suffix**

**Organization**  **Mailing Name**

☒ Financially Responsible ☐ Emergency Contact ☒ Guardian **Associated Client ID**  [X](#) [Q](#) ☒ Active

☒ Household Member ☐ Care Team Member ☐ Healthcare Decision Make

**Patient Portal ID**  [Create](#) [Reset](#)

**Phone Numbers**

☐ Same As Client Phones

**Home** ☒ (805) 444-5126 **Business** ☐ **Home 2** ☐ **Business 2** ☐

**Addresses**

☐ Same As Client Address

**Home** ☒ 194592 ANY STREET **Mailing** ☐

[Details...](#) [History](#)

**Comments**

**List of Contacts** ☒ Show Only Active Contacts [Export List](#) [Insert](#) [Clear](#)

If you need to edit contact information, go to list of contacts field, click radial button next to contact name, edit info then click modify.

Client Information (C)

General Aliases Demographics Financial Release of Information Log **Contacts** Family External Referral Custom Fields

☐ Financially Responsible
 ☒ Emergency Contact
 ☒ Guardian
 Associated Client ID  X Q
 ☒ Active

☒ Household Member
 ☐ Care Team Member
 ☐ Healthcare Decision Maker

Patient Portal ID  **Create** **Reset**

---

**Phone Numbers**

☐ Same As Client Phones

Home  (805) 444-5126

Business

Home 2

Business 2

**Addresses**

☐ Same As Client Address

Home  123 Any Street  
Anytown, CA 93111

☐ Mailing

**Details...** [History](#)

**Comments**

---

**List of Contacts** ☒ Show Only Active Contacts [Export List](#) **Modify** **Clear**

	Contact	Relation	Phone	Organization	Guardian	Emergency	Financially Responsible	Household Member	Care Team Member	Active	Healthcare Decision Maker
X	<input checked="" type="radio"/> Dog, Mom	Mother	(805) 444-5126		Yes	Yes	No	Yes	No	Yes	No
X	<input type="radio"/> Dog, Dad	Father	(805) 444-5126		Yes	No	Yes	Yes	No	Yes	No

## Enter in Coverage/Insurance Information (Screen)

With the client record open, search **Coverage**. Select **Coverage (Client)**.

☒ Dog, Mom
 ☐ Dog, Dad
 ☐ Dog, Charlie (1025)

☒ Coverage
 ☐ Coverage (Client)

Click on the New icon to add a new Plan.

Coverage

Client Plans Notes

These fields are required when entering a new plan:

Plan – Select from the dropdown menu.

Insured ID – Enter Insured ID

Client Is Subscriber

- The Client is Subscriber radio button automatically defaults to Yes.
- If the client is not the subscriber select the No radio button and select the subscriber from the dropdown list of the client's contacts.

iii. If the subscriber has not been added to the client's contacts, select the Update Contacts button, and add the subscriber's information to the client's contacts.

d. Save and close.

7. Repeat the above steps to add additional Coverages. **You will need to enter Medi-Cal DMC info, as well as separate Medi-Cal MH info.**

Note: SmartCare should automatically add the Medi-Cal DMCODS info once you have entered Medi-Cal information and ran eligibility. This feature could not be tested at the time of this guide creation due to Medi-Cal eligibility not being activated in the Train environment.

The screenshot shows the 'Client Plans' form with tabs for General, Claim Information, Copayment, and Monthly Deductible. The 'Plan' section has a dropdown for 'Plan' set to 'Medi-Cal MH'. The 'Insured Information' section has a 'Client is Subscriber' radio button set to 'Yes'. A modal window titled 'Insured Information' is open, showing the 'Update Contacts' button highlighted with a red circle.

Enter Start Date, Service Area (add both MH & DMC for Medicare/Private Insurance; MH for Medi-Cal; and DMC for Medi-Cal DMCODS) and select Add.

The screenshot shows the 'Coverage' form with tabs for Client Plans and Notes. The 'Client Plans' table has columns for Plan Name, Insured Id, Co-Pay, Start Date, End Date, COB, Service Area, and Add. The 'Start Date', 'Service Area', and 'Add' columns are highlighted with orange boxes. The table lists three plans: Medi-Cal, Medi-Cal MH, and Medicare Part A & B. The 'Add' button for each plan is highlighted with an orange box.

The plan will now be shown in the Plan Time Spans field. If more than one insurance is listed, click the Change COB Order button.






☒ Show Current Plans Only    MH    Maximize Time Spans

**Plan Time Spans**

05/01/2023 - No End Date    **Change COB Order...**    90817445D-1500 Capitol Avenue MS 2704 Sacramento, CA 95899-...    Set End Date

Verify eligibility by clicking the Verify Eligibility icon.

Coverage

Insurance Eligibility Verification screen will open. Click Submit Request.

Insurance Eligibility Verification

Print Response    Close

Request    Response

Coverage Plan

Electronic Payer    Medi-Cal    Payer Id    610442

Insured Information

First Name    Kitty    Last Name    Cat    SSN    562562145  
 Insured Id    90817445D    Date Of Birth    04/26/2001    Sex    Female  
 Group Number   

Client Information

Relationship to the insured    Self    First Name    Kitty    Last Name    Cat  
 Date Of Birth    04/26/2001    Sex    Female

Date Range    Start and End date range cannot be greater than days

Start Date    05/10/2023    End Date    05/10/2023

Submit Request

Click the Update Coverage button to automatically update the client's Medi-Cal coverage.

Insurance Eligibility Verification

Print Response    Close

Request    Response

Update Coverage Plan

Medi-Cal  
 Relationship to the insured    Self  
 Date Of Birth    04/26/2001  
 Sex    Female  
 SSN    562562145  
 Insured Id    90817445D  
 Group Number   

Plan	Coverage	Service Type	Insurance Type	Benefit Entry Name	Plan Coverage Description	Group	Start	End	Commercial	Referral	Co-Pay	Production	Out of Pocket	Phase 1	Phase 2	Phase 3

- Click the Print Response button if you need to print. Scroll down to view additional benefits and client information.

The screenshot shows a window titled "Insurance Eligibility Verification". At the top right, there are two buttons: "Print Response" (highlighted with an orange box) and "Close". Below the title bar, there is a tabbed interface with "Request" and "Response" tabs. The "Response" tab is active, displaying a form with the following sections:

- Update Coverage Plans:** MED-CAL Eligibility
- Subscriber:** Patient
- First Name, Last Name, Patient Address, Patient City, Patient State, Patient Zip:** (Fields are present but empty)
- Detail Benefits:**

Info	Coverage Level	Service Type	Insurance Type	Benefit Entity Name	Plan Coverage Description	Group Policy Num	Start Service Date	End Service Date	Commercial Insurance Name	Message 1	Message 2	Message 3
Inactive	Health Benefit Plan Coverage Medicaid									NO RECORDED ELIGIBILITY		
- Additional Subscriber Information:**
  - Gender: Male
  - DOB: 20010426
  - Patient Id: 908174480
  - Information Contact:
- Sub Supplemental Id, Group Policy #:**
- Information Source:**
  - Payer Name: MED-CAL
  - Payer Id: 610442
  - Information Receiver
  - Provider Id: 000001301
  - Provider Secondary Id:

An orange arrow points to the bottom right corner of the window.

## Complete a UMDAP Financial Assessment and a Paper Cost Agreement for non-UMDAP clients.

For clients with Full Scope Medi-Cal, SOC Medi-Cal, & DAS Grant Funded Programs, the AA will need to complete a paper cost agreement and explain what happens if the client loses their Medi-Cal coverage. An UMDAP Financial Assessment in SmartCare will also need to be completed.

**THERE SHOULD ONLY BE ONE CURRENT UMDAP FINANCIAL ASSESSMENT IN THE SYSTEM. THIS WILL BE SHARED BY BOTH MH & DAS PROGRAMS.**

If a client needs an UMDAP (for clients with Medicare Only, Private Insurance, or no insurance/funding source), an UMDAP will need to be set by the service provider. The service provider will need to complete the UMDAP Financial Assessment (on paper) & set the UMDAP. Once done, they will give to the AA to enter in to SmartCare. HIT will verify.

## Start by ascertaining if a current UMDAP is already in the system.

With the client open, search **Client Fee**. Select **Client Fee (Client)**.

The screenshot shows a search bar with the text "client fee". Below the search bar, a dropdown menu is open, showing a single result: "Client Fee (Client)". The search bar is part of a larger interface with a header bar containing "XxTest, Adult MH Client 05 (1044)".

Set the begin date to go back one full year and click apply filter. (Leave all other fields set as All.)

The screenshot shows the "Client Fee (0)" search results page. At the top, there is a header bar with the client name "XxTest, Adult MH Client 05 (1044)" and a user profile "Kimberly Seaman". Below the header, there are several filter dropdowns: "All Locations", "All Programs", "All Staff", "All Client Fee Types", and "Begin Date: 05/01/2022". The "Begin Date" dropdown is highlighted with an orange box. To the right of the filters is an "Apply Filter" button, also highlighted with an orange box. Below the filters is a table with the following columns: "Template Id", "Begin Date", "End Date", "% of Standard Rate", "Amount", "Self Pay", "Client Fee Types", "Location(s)", "Program(s)", and "P". The table is currently empty, and the text "No data to display" is shown at the bottom.

If nothing is shown in this field, you may proceed with entering a new UMDAP Financial Assessment.  
 Note: if there is a current UMDAP in place, the annual start and end dates, along with the UMDAP amount, will display here. If the start and end dates are within the current time client is starting services with us, you do not need to obtain a new UMDAP Financial Assessment.

THERE SHOULD ONLY BE ONE UMDAP FINANCIAL ASSESSMENT IN SMARTCARE PER ANNUAL PERIOD.

## Complete a UMDAP Financial Assessment

1. With the client record open, click the Search icon.
2. Type **UMDAP** into the search bar.
3. Click to select **UMDAP Financial Assessment (Client)**.

4. In the Responsible Party tab, complete the outlined sections. (Some fields will populate with info from the Client Information screen. You will only need to complete any fields that are still blank within the outlined sections)
  - a. If the client is the responsible party, select the radial button next to yes and their info will auto-populate. Answer if client is Medi-Cal eligible.
  - b. If the client is not the financially responsible person, start typing in the last name of the financially responsible person and if they are listed in the contact section on the Client Information screen, their name will show. (If they are not in the contact section on the Client Information screen, you will need to add them and ensure you check the financially responsible box.) Select their name and their info will auto-populate. Answer if client is Medi-Cal eligible.
  - c. You may complete the other sections in this tab if the information is known, but it is not required.



Effective: 05/22/2023 Status: New Author: So Co, Test Front Office 05/10/2023

**Responsible Party** Third Party Information Financial Liability UMDAP Liability Determination Other Information

**Responsible Party Information**

Client is Responsible Party ☐ Yes ☐ No

Name  Search Contact

Date of Birth

Address

Home ☐

☐ Billing

Veteran ☐ Yes ☐ No

Employer

Employer's Address

Medi-Cal Eligible ☐ Yes ☐ No

Relationship to Client

Marital Status

Telephone Number

Home  DNC ☐ DNLM ☐

Business

Home 2

Business 2

Social Security Number

Position

Employer Telephone Number

5. In the next tab (Third Party Information) the insurance information will pull over the Coverage screen.

- a. Check yes for Assignment/Release of Information obtained.

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**Responsible Party** **Third Party Information** Financial Liability UMDAP Liability Determination Other Information

**Third Party Information**

Insurance

Medicare Policy ID Number

Address

Home ☐

☐ Billing

Insurance ID

Medi-Cal CIN

Assignment/Release of information obtained ☐ Yes ☐ No

6. In the Financial Liability tab, enter the annual period start date (first day of the month in which they are beginning services.) The annual period end date will auto-calculate.

- a. Enter the responsible person/client monthly income amount. Enter \$0 for spouse and other. Enter number of dependents on income.

UMDAP Financial Assessment

Effective: 05/22/2023 Status: In Progress Author: So Co, Test Front Office 05/15/2023 Sign

Responsible Party Third Party Information **Financial Liability** UMDAP Liability Determination Other Information

Annual Period

Annual Period Start Date: 05/01/2023 Annual Period End Date: 04/30/2024

Income

Responsible person \$  
 Spouse \$  
 Other \$  
 Total gross monthly family income \$  
 Number dependent on income

7. In the UMDAP Liability Determination tab, enter \$0 in all fields in the Liquid Assets section and the Allowable Expenses section. You can use the tab button to quickly navigate through these fields.

Note: the allowable expenses section has defaulted \$0 amounts, but you will need to go through each one and re-enter 0 for it allow you to sign the form.

UMDAP Financial Assessment

Effective: 05/22/2023 Status: New Author: So Co, Test Front Office 05/10/2023 Sign

Responsible Party Third Party Information Financial Liability **UMDAP Liability Determination** Other Information

Liquid Assets

Savings \$  
 IRA, CD, Market Value of Stocks, Bonds and Mutual Funds \$  
 Checking Accounts \$  
 Total of liquid assets \$  
 Less Asset Allowance \$  
 Total net liquid assets \$  
 Monthly Asset Valuation \$

Asset Determination

Adjusted gross monthly income \$ 0

Allowable Expenses

Court ordered obligations paid monthly \$ 0.00 Monthly child care (necessary for employment) \$ 0.00  
 Monthly dependent support payments \$ 0.00 Monthly medical expense payments \$ 0.00  
 Monthly medical expense payments in excess of 2% of gross income \$ 0.00  
 Monthly mandated deductions from gross income for retirement plans (not Social Security - Allowance made in payment schedule) \$ 0.00  
 Total allowable expenses \$ 0.00

Adjusted Monthly Income

Adjusted gross monthly income minus total allowable expenses \$ 0.00

UMDAP Liability Determination

Annual Liability \$ Adjusted Annual Liability (if applicable) \$  
 Agreed upon payment plan to satisfy the above liability \$

Note: If the client has a SOC, continue with the process of setting the UMDAP amount based on their dependents and income. The system will automatically update SOC information when the MMEF file is run each month.

8. In the Other Information tab, select the yes radial button next to an explanation of the UMDAP liability was provided (since you had client sign a paper cost agreement.) Sign the form.

The screenshot shows the 'UMDAP Financial Assessment' form with the 'Other Information' tab selected. The 'Effective' date is 05/25/2023 and the 'Status' is 'New'. The 'Author' is 'Seaman, Kimberly'. The 'Sign' button is highlighted with a red box. Below the tabs, the 'Other Information' section contains fields for 'Provider of Financial Information', 'Adjusted by', 'Adjusted Reason', 'Approval Date', and 'Address'. A red box highlights the 'Adjusted Reason' dropdown and the 'An explanation of the UMDAP liability was provided' section, where the 'Yes' radial button is selected.

9. Remove the client signature. (Client signature on the UMDAP Financial Assessment is not required for non-UMDAP clients since it was already obtained on paper cost agreement.)

The screenshot shows the 'UMDAP Financial Assessment' form in 'Document' view. The 'Effective' date is 05/25/2023 and the 'Status' is 'Signed'. The 'Author' is 'Seaman, Kimberly'. The 'Sign' button is highlighted with a red box. The 'Document' view shows a toolbar with various editing tools and a '1 of 3' page indicator.

The screenshot shows the 'UMDAP Financial Assessment' form in 'Signed By' view. The 'Effective' date is 05/25/2023 and the 'Status' is 'Signed'. The 'Author' is 'Seaman, Kimberly'. The 'Signed By' section shows a list of signatures, including 'Kimberly Seaman ON 05/25/2023 (1)'. The 'Signer' section shows a dropdown menu with 'X' in Fictional, ... selected. The 'Program' section shows 'TYNNA MHSA Adult FSP HD-08'. The 'X' in Fictional, ... option is highlighted with a red box.

10. Click X to close.

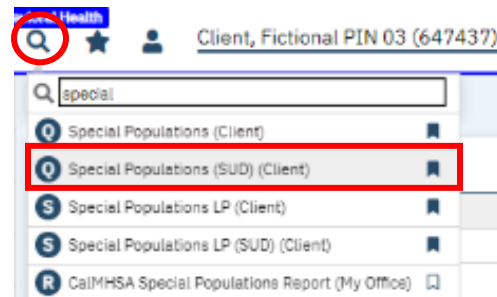
The screenshot shows the 'UMDAP Financial Assessment' form in 'Document' view. The 'Effective' date is 05/25/2023 and the 'Status' is 'Signed'. The 'Author' is 'Seaman, Kimberly'. The 'Sign' button is highlighted with a red box. The 'Document' view shows a toolbar with various editing tools and a '1 of 3' page indicator. The 'Client ID: 400008' is displayed at the bottom left, and 'Page 1 of 3' is displayed at the bottom right.

## Adding Special Populations (SUD)

1. Substance Use AA will identify if the client falls into one of the below listed Special Populations.
  - a. AB 109 SUD
  - b. CWS-Child Welfare Services
  - c. DEJ/PTD-Deferred Entry of Judgement/Pre-Trial Diversion
  - d. Foster Care (Only applies to youth)
  - e. FTC-Family Treatment Court
  - f. Probation
  - g. Proposition 36
  - h. Sober Living Special Populations will be added by an ASO.
    - i. If a client is CWS, DEJ/PTD or Prop36, email [BH.DAS.OPs.Team@co.slo.ca.us](mailto:BH.DAS.OPs.Team@co.slo.ca.us) and the ASO will add the client into the Special Populations based on the referral date. The ASO will add the end date when the referral is closed.
    - ii. All other referrals will be added by the AAs.

2. In SmartCare you will pull up the client either by client name or number using the client search icon.

3. Using the magnifying glass for search, type in **Special Populations (SUD) (Client)** or from your saved favorites.



- a. Make sure you are using the **Special Populations (SUD) (Client)**. The Special Populations (Client) is for MH treatment, not SUD.

4. Add a new Special Population by selecting the new document icon in the top right corner of the screen.



5. Select the appropriate Special Population Type from the drop-down menu.

6. Enter in the start date as the date the client comes to the Substance Use Walk-Ins or the date the paperwork was completed.
  - a. You cannot have overlapping dates of for the same type of Special Population. If there is an existing Special Population without an End Date, enter in an End Date based on when the client was last closed to treatment. Then you can add the new Special Population for the current referral.
7. Enter any information that is relevant to the referral in the Comments box.

## **Closing**

1. When the client is closed to Substance Use treatment, the HIT will enter in an end date for the Special Populations with the exception of CWS, DEJ/PTD or Prop36.
  - a. An ASO will enter the end dates for CWS, DEJ/PTD and Prop36 when the referral is closed either by CWS or the Court.
2. Enter any information that is relevant to the referral in the Comments box.

## **PC290-SUD:**

### **Opening/Closing**

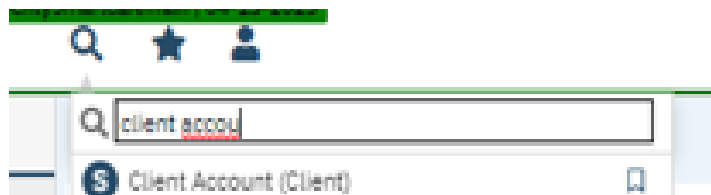
1. HIT will open PC290-SUD when directed by Treatment Team staff or Program Supervisor.
2. HIT will close PC290-SUD when directed by Treatment Team staff or Program Supervisor, or at the time of discharge.

## **Parole-SUD:**

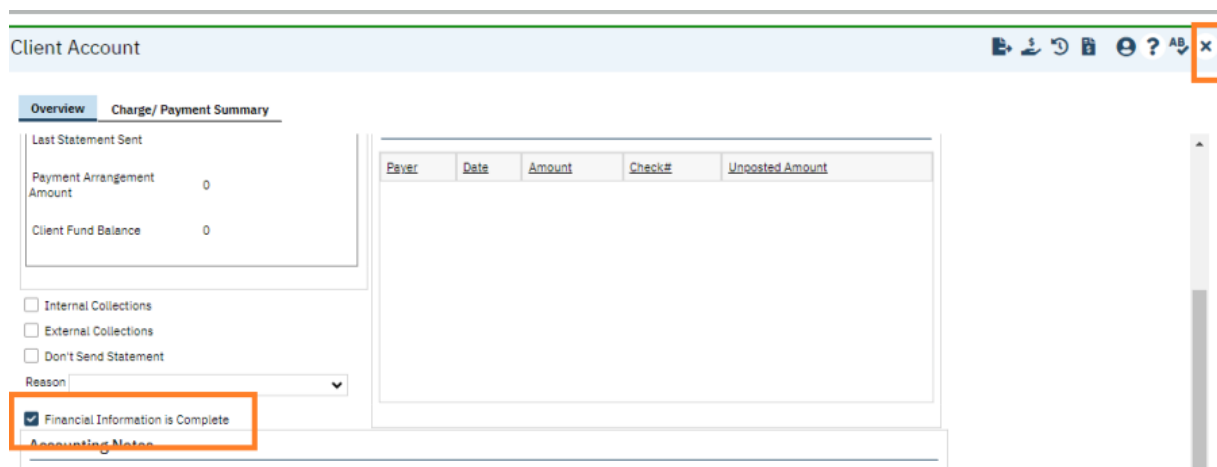
### **Opening/Closing**

1. HIT will open Parole-SUD when directed by Treatment Team staff or Program Supervisor.
2. HIT will close Parole-SUD when directed by Treatment Team staff or Program Supervisor, or at the time of discharge.

Next, go to the search button and type in **Client Account**. Select **Client Account (Client)**.



Check the “financial information is complete” box. X to close.



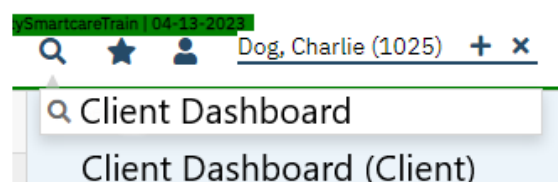
(HITs to complete as part of intake audit.)

## Clear Notifications/Flags for Items Front Office completed on Paper or in Screens

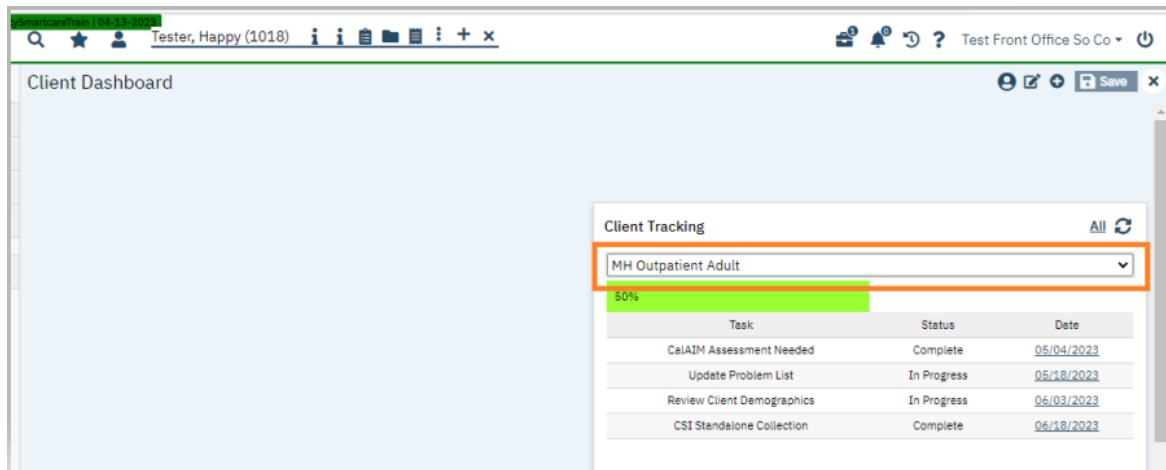
Paper items DAS Front Office is to obtain, applicable to their program: Cost Agreement, Health Questionnaire, Audio/Video Consent, Criminal Justice, Consent to Take Photo (if we are taking picture and uploading into SmartCare.) Service provider to complete paper UMDAP Financial Assessment for UMDAP clients.

Screens: Client Information (Client), Coverage, UMDAP Financial Assessment

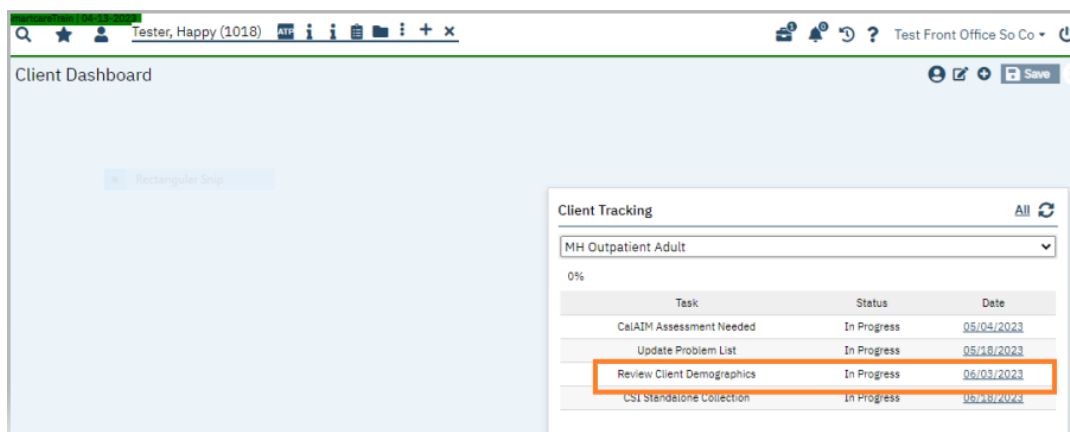
With the client open, search **Client Dashboard** and select **Client Dashboard (Client)**.



Navigate to the “**Client Tracking**” Widget and select your program from the drop-down menu. This shows you all the flags (tasks) associated with that program.



Locate the paper form or screen that has been completed. Click the blue link date associated with that paper form or screen.



The Flag Details screen will open. Enter in the End/Completed Date and select your name from the drop-down menu in the Completed By field. Click the Modify button, Save and X to close.

**Flag Details** Save

**Note Information**

Type: Review Client Demographics ID: 37438 Work Group:  ☒ Active

Level: Information Protocol: MH Outpatient Adult Protocol Flag ID:  Program: 40 Prado MHSA Adult Intak

Note: Review Client Demographics ☐ This flag recurs

Open Date: 05/04/2023 Display Date: 05/04/2023 Due Date: 06/03/2023 End/Completed Date: 05/10/2023

Completed By: Seaman, Kimberly

Link to:

☒ Nothing ☐ Document Open Assigned Users:  Assigned Roles:

No data to display No data to display

Comment:

☐ Permitted Flag ☐ Do not display flag ☒ Never Pop Up ☐ Always Pop Up

Modify Clear

Note List ☒ Show Active Only

When you go back to the **Client Dashboard**, you will see the status of that needed item has now changed from In Progress to Complete. Repeat this process for all items you are responsible for.

**Client Dashboard** Save

**Client Tracking** All

MH Outpatient Adult

25%

Task	Status	Date
CeAIM Assessment Needed	In Progress	05/04/2023
Update Problem List	In Progress	05/18/2023
Review Client Demographics	Complete	06/03/2023
LST Standalone Collection	In Progress	06/03/2023