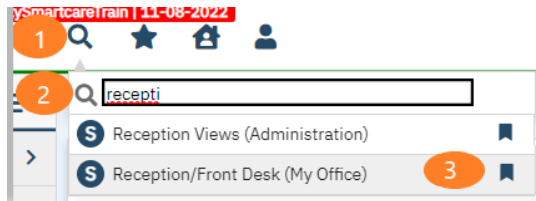


Onboarding a Client in SmartCare

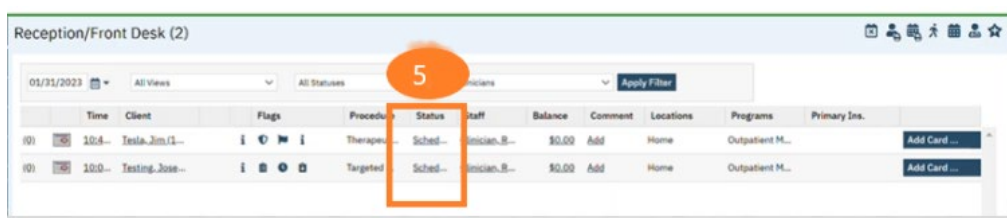
SmartCare search words in **bold** throughout this guide.

Check-in Client

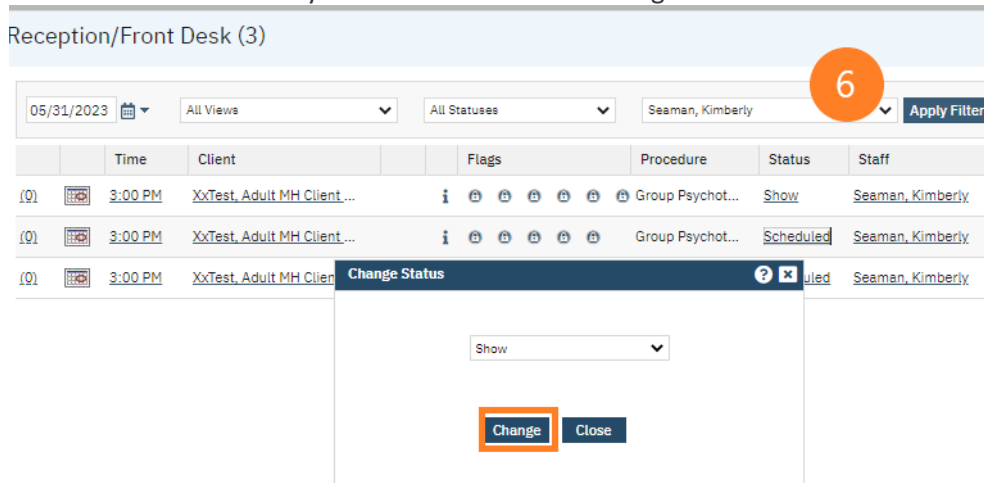
1. Click the Search icon.
2. Type **Reception** in the search bar.
3. Click to select **Reception-Front Desk (My Office)**



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.



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



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.

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

Reception/Front Desk (4)

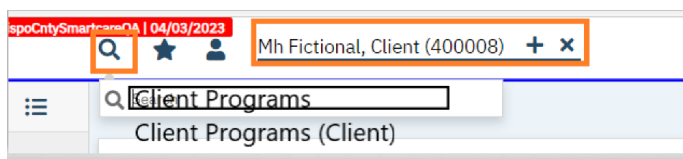
01/31/2023 Outpatient M... All Statuses All Clinicians Apply Filter

	Time	Client	Flags	Procedure	Status	Staff	Balance	Comment	Locations	Programs	Primary Ins.	
(9)	10:00	Jessie, J...	7	Therapeut...	Canceled	Clinician, S...	\$0.00	Add	Home	Outpatient M...		Add Card ...
(9)	10:00	Jessie, J...		Targeted ...	Canceled	Clinician, S...	\$0.00	Add	Home	Outpatient M...		Add Card ...
(9)	2:00	Asah, Jesse...		Compreh...	Show	Staff, Fys...	\$417.80	Add	Office	Outpatient M...		Add Card ...
(9)	2:00	Baum, Eric...		Hypnothe...	Canceled	Williams, L...	\$0.00	Add	Office	Outpatient M...	Medi-Cal H...	Add Card ...

Enroll Client into Program

You must enroll the client into the program before any documents may be added to the client's record.

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



The **Client Programs** window will open. Search for your program, in the Requested status. (You can filter this window to only show programs in the requested status by first clicking the All Statuses drop down arrow and select Requested, then click Apply Filter.)

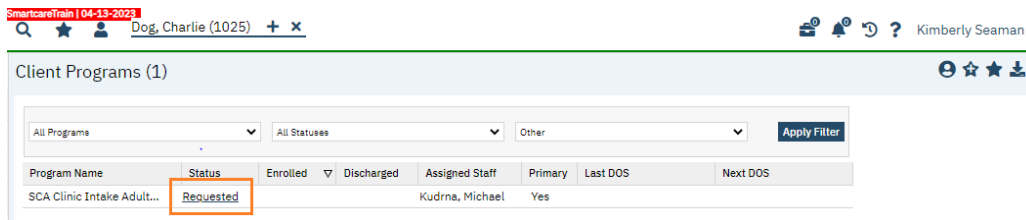
rtcareQA | 04/03/2023 Mh Fictional, Client (400008) + x

Client Programs (15)

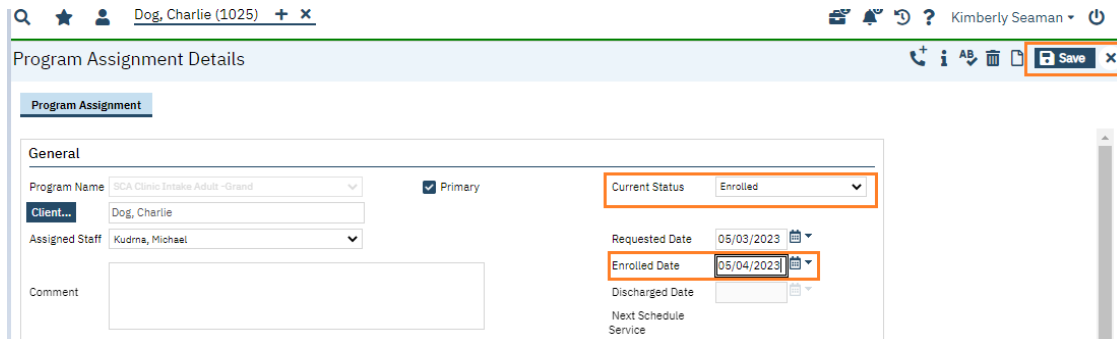
All Programs All Statuses Other Apply Filter

Program Name	Status	Enrolled	Discharged	Assigned Staff	Primary	Last DOS	Next DOS
MHSA So St. MH Youth ...	Requested			Gabriel, Mary K...	No		
SLC Clinic Youth	Discharged	12/01/2013	01/01/2017	Koenig, Rachael	No		
SLC Generic Clients On...	Enrolled	12/01/2013		Heintz, Molly	Yes		
SLC Generic Clients On...	Discharged	12/01/2013	03/10/2023	Gabriel, Mary K...	No		
SLC Martha's Pl Generi...	Enrolled	12/01/2013		Gabriel, Mary K...	No		
NCA Generic Clients O...	Enrolled	12/01/2013		Gabriel, Mary K...	No		
SCA Generic Clients On...	Enrolled	12/01/2013		Gabriel, Mary K...	No		
SLC Clinic Adult	Discharged	05/30/2014	01/01/2018	Gabriel, Mary K...	No		
TMHA Vocational	Discharged	02/22/2016	07/01/2016	Wilson, Craig	No		
SCA Clinic Med Mgr Ad...	Discharged	01/01/2017	02/21/2017	London, Carolyn	No		
SCA Clinic Youth	Discharged	01/04/2017	01/04/2017	Jensen-Best, S...	No		
TMHA MHSA Adult FSP...	Enrolled	08/01/2020		Gabriel, Mary K...	No		
TMHA MHSA FSP AOT ...	Discharged	08/01/2020	11/18/2020	Gabriel, Mary K...	No		
TMHA MHSA FSP HOT ...	Enrolled	08/01/2020		Gabriel, Mary K...	No		
WCS MHSA OAD FSP MD	Enrolled	08/01/2020		Gabriel, Mary K...	No		

Once you have located your Requested Program, click the Requested blue link in the Status column.



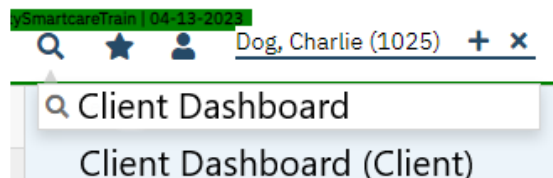
The Program Assignment Details window will open. Change Current Status field from Requested to Enrolled. Enter in the Enrolled Date (date client is attending the assessment.) Click Save and X to close.



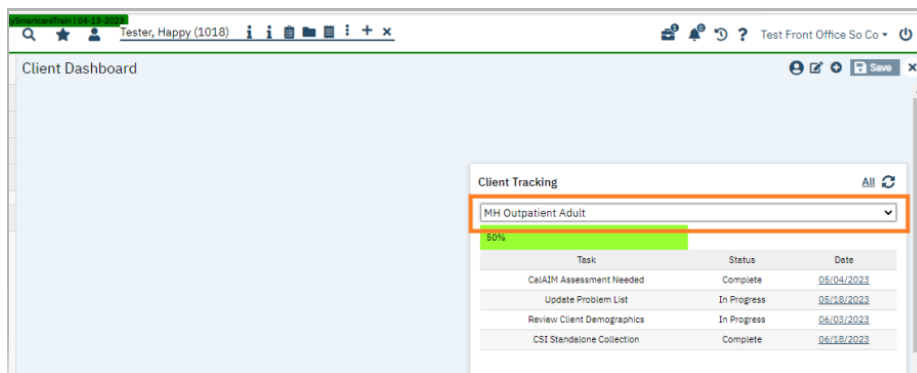
Obtain Client Consents

(Consent to Treat, Consent for Telehealth, Consent for Text Communication, and Consent for Email Communication, Coordinated Care Consent)

Search **Client Dashboard**. Select **Client Dashboard (Client)**.

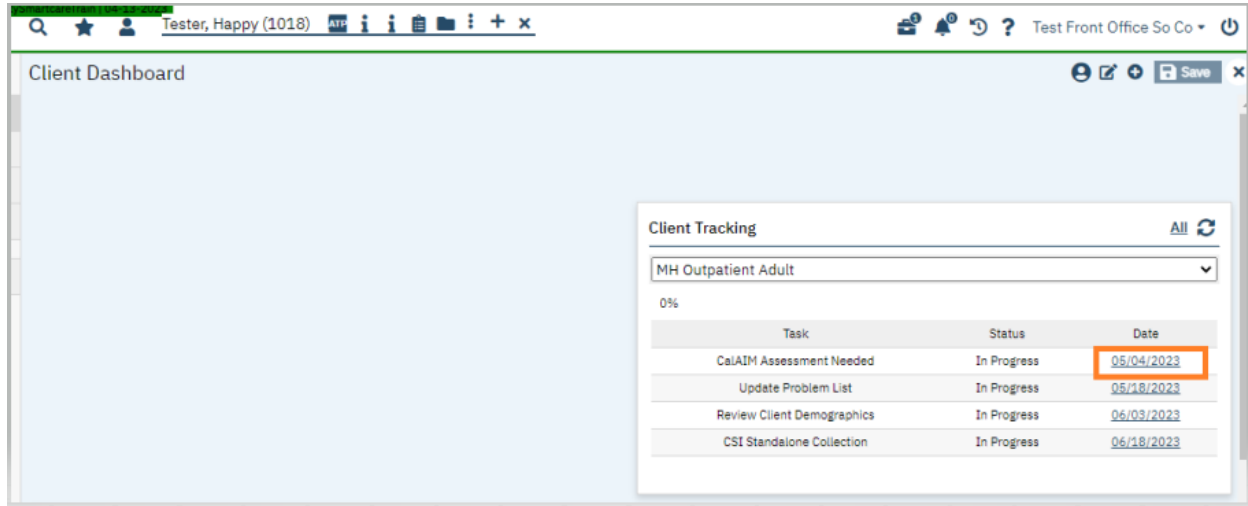


Navigate to the “**Client Tracking**” Widget and select your program from the drop-down menu. This shows you all the flags (tasks) associated with that program.



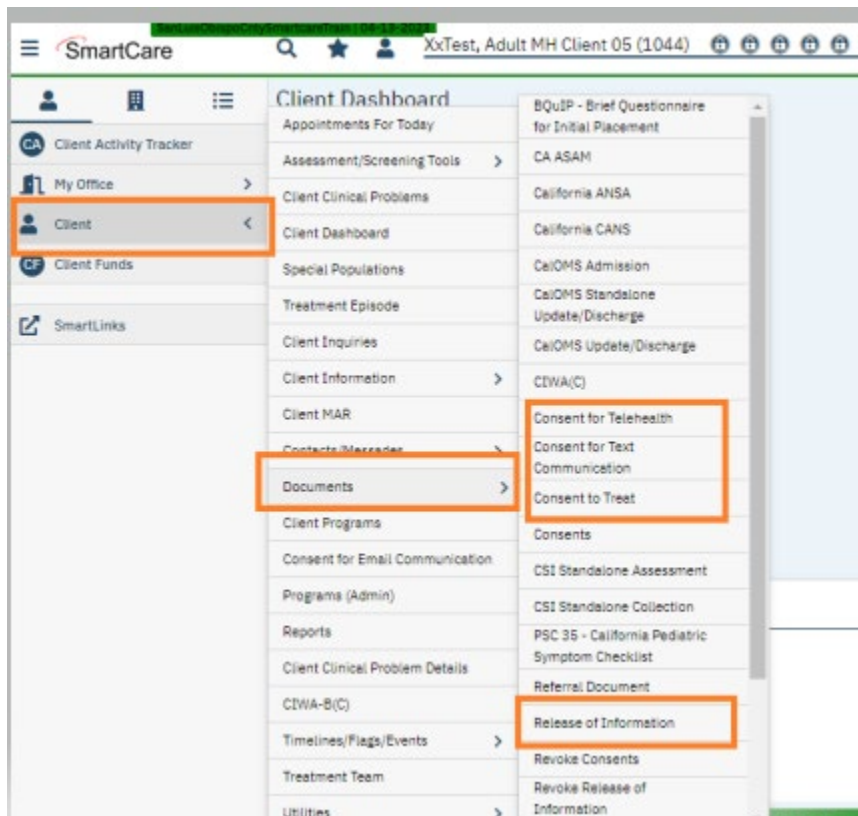
Look at the **Client Tracking** Widget and select each document you are responsible for completing.

Note: Only documents within SmartCare will open when selecting. If it's a screen or paper form that needs to be completed, that item will not open when selecting.



Alternate method if Client Tracking is not set-up at go-live:

You can launch the consent forms from your Quicklinks:



Upon launching a consent document, a dialogue box will open asking you to select the CDAG Program Enrollment. Select the program for your site.

CDAG Program Enrollment

Select Program Enrollment

SCA Clinic Intake Adult -Grand-05/04/2023

OK Cancel

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).

How to obtain signature(s) on Consents:

Start by signing. Click the Sign button in the upper right-hand corner.

Consent to Treat

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

Sign

General

Start Date: 04/21/2023 End Date:

Detail

Consent to Treat

Purpose

Next, click the + button. The signer box will open. Click the radial button next to the client's name. 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. How-to in future section.)

Consent to Treat

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

Sign

Other Versions

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

Signer

Add Signer(s):

Co-Sign Decline

Program: SCA Clinic Adult -04/19/2023

Document

The signature window will display. Select method client will be signing. Once signed, click the Sign button.

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

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_Kimberly...

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

Signer: Add Signer(s)...

Co-Sign Decline

Program: SCA Clinic Intake Adult - Grand...

Add Other Signer

Name of signer:

Relationship to client:

OK Cancel

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_Kimberly...

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

Signer: Add Signer(s)...

Co-Sign Decline

Program: SCA Clinic Intake Adult - Grand...

Repeat this process for **Consent** for Text Communication document, **Consent** for Telehealth document, and **Consent** for Email Communication document.

*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 'Effective' date is 04/21/2023 and 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 'Signer' section has a dropdown menu with 'Add Signer(s)...' and two buttons: 'Co-Sign' and 'Decline'. The 'Program' dropdown is set to 'SCA Clinic Intake Adult-04/21/2023'.

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).

The screenshot shows a search bar with the text 'coordinated care' entered. The search results list 'Coordinated Care Consent (Client)' as the first item. The search bar is labeled 'Training, Manual (1239)'.

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 menu is open, showing 'MH Screening-10/03/2022' as the selected option. The 'OK' button is highlighted.

6. Most of the consent is wording. Review this with the client. (See script on pages 10-11.)

Coordinated Care Consent

Effective: 01/15/2023 Status: New Author: Rosa, Charlie 01/08/2023 Sign

General

Authorization for the Disclosure of Health and Other Personal Information

By signing this form below, you will allow certain organizations and individuals to use and share your health and other personal information for purposes related to your treatment and care. They will be able to share your information through an electronic health record system maintained by the California Mental Health Services Authority called SmartCare.

1. Who will share my information if I agree?

By signing, your information may be shared by and with any of the following that provide services to you ("your provider") and which are connected to SmartCare:

- Health care providers, such as doctors, hospitals, and pharmacies;
- Mental health providers and substance use disorder providers;
- School-based providers, such as nurses, social workers, and counselors;
- California county health care agencies;
- Housing providers, that is, nonprofits that help people find a home;
- Any state or private that provides services for you while you're incarcerated;
- Any other entities that are actively involved in your or your child's care.

Your providers also include any health insurers that provide you with coverage (see attached for list), including any of your mental health plans.

2. Will my providers be able to use and share my information for any reason?

No, your providers can only use and share your information for limited purposes. Your providers may use and share your information to provide you with medical or behavioral health care, to coordinate your care, to determine how much should be paid for services provided to you, or to improve the quality of care.

3. What types of information about me may be shared if I agree?

Your providers may share the following types of information about you:

- Medical information, such as information about diseases, injuries, medical treatments, allergies, medications, X-rays, blood tests, and your HIV status;
- Behavioral health information, such as any mental health conditions or disorders or drug use disorders you may have, which could include information on your substance use history and medications, diagnoses, and drug test results;
- Services received information, such as an Individualized Education Program, and any records of medical or behavioral health services provided in schools;
- Housing service information maintained in a Housing Management Information System, which documents services provided to some people without homes;
- Disciplinary information including, if any, are incarcerated, either you are scheduled to be released;
- Child welfare records, including any family reunification or reunification plans.

4. Can I obtain a list of providers who saw my information?

Yes, you obtain a list of providers that have received some types of your information by contacting [Security contact info].

7. The Client Information section will pull information from the Client Information screen. If it does not pull (or information has not been added), 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: [Text Field] Last Name: [Text Field]

Date of Birth: [Text Field] Gender: [Text Field]

Contact: [Text Field]

Phone Numbers

	CSC	CNR
Home	<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: [Text Field]

Billing: [Text Field]

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.

Consent

I give consent for sharing of information across all services within the CalMHSA SmartCare from 01/08/2023 behavioral health services.

Start Date: 01/08/2023 Expiration Date: [Text Field]

Yes No

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.

Client Identified Restrictions

Restricted Staff:

Clinician, Robert

No data to display

Details on any other restrictions of sharing my data. This will prompt a review by the CalHHS/Minors/Henri (09-21-2022) Privacy Officer. This does not guarantee the restriction of this data as specified in the text.

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.

Client Identified Restrictions

Restricted Staff:

X Clinician, Robert

X Staff, Nurse

Details on any other restrictions of sharing my data. This will prompt a review by the CalHHS/Minors/Henri (09-21-2022) Privacy Officer. This does not guarantee the restriction of this data as specified in the text.

10. 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.

Client Identified Restrictions

Restricted Staff:

X Clinician, Robert

X Staff, Nurse

Details on any other restrictions of sharing my data. This will prompt a review by the CalHHS/Minors/Henri (09-21-2022) Privacy Officer. This does not guarantee the restriction of this data as specified in the text.

11. Click Sign.

1/09/2023

Sign

12. This will create the PDF version of the form. Click the Plus icon in the upper right corner of the PDF viewer.

01/09/2023

Sign

13. 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.

14. Click Co-Sign.



15. This brings up the Signature Page pop-up window. The co-signer can now sign using a signature pad, a mouse, or a touchpad to capture their signature. You can also designate that the client has signed on a paper version of the document.

a. 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.**

b. Once the co-signer is happy with their signature, click the Sign button.

c. If the cosigner needs to start over, click the Clear button to erase the current signature.



Once signed by all required people, you are finished.

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.

Spanish Translation:

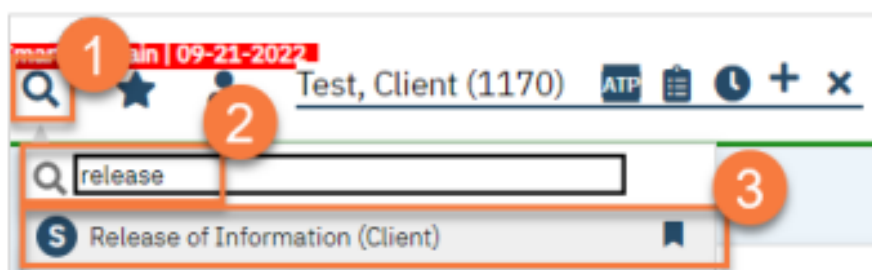
Nuestro programa/clínica es parte del Departamento de Salud & Bienestar. El Departamento de Salud & Bienestar incluye servicios de Salud Mental, Servicios de Droga y Alcohol y Servicios de Crisis. Estos programas y servicios utilizan el mismo registro de Salud & Bienestar. Al firmar este Consentimiento de Atención Coordinada, permitirá que el personal de este programa se coordine de manera efectiva con los otros proveedores que he mencionado, si usted también utiliza sus servicios. El propósito de la coordinación es brindarle la mejor atención posible. Firmando este consentimiento no nos permite divulgar o compartir otras partes de su registro de los servicios que recibe con otras personas fuera del Departamento de Salud & Bienestar sin su permiso específico.

Si un cliente pregunta, "¿qué información compartirían?"

Por ejemplo, al firmar el Consentimiento de Atención Coordinada, nos permitiría coordinarnos con el personal de los otros programas para asegurarnos de que esté recibiendo los servicios que necesita y que los medicamentos se receten de manera coordinada.

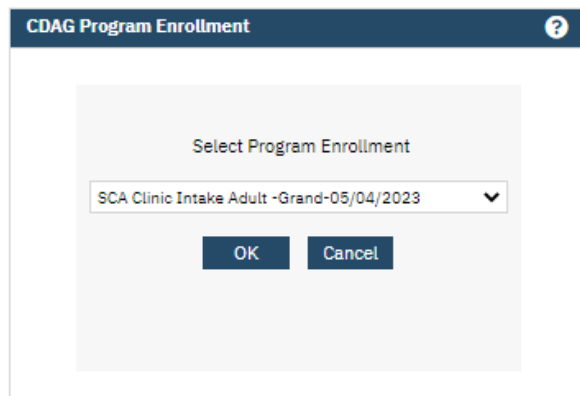
Obtain Release of Information

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)**.



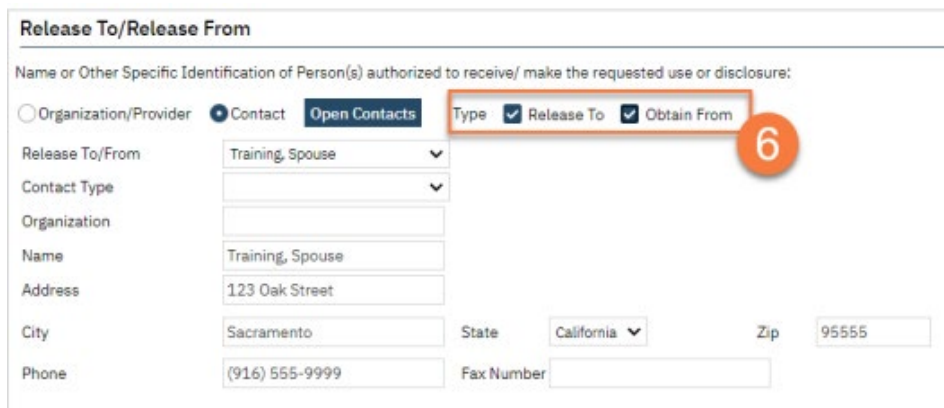
4. In the CDAG Program Enrollment window pop-up, click the drop down and click to select the appropriate program.

5. Click OK to continue.



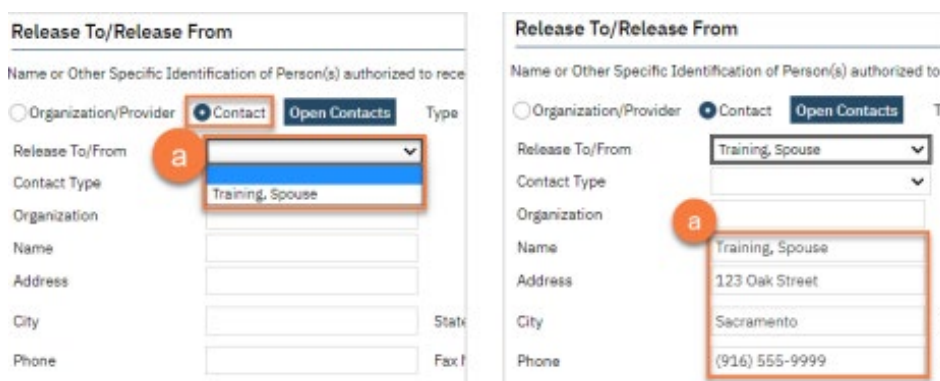
The image shows a dialog box titled "CDAG Program Enrollment" with a question mark icon. Inside, there is a section titled "Select Program Enrollment" with a dropdown menu showing "SCA Clinic Intake Adult -Grand-05/04/2023". Below the dropdown are two buttons: "OK" and "Cancel".

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.



The image shows the "Release To/Release From" form. At the top, it says "Name or Other Specific Identification of Person(s) authorized to receive/ make the requested use or disclosure:". Below this are two radio buttons: "Organization/Provider" and "Contact". The "Contact" button is selected. To the right of the radio buttons are two checkboxes: "Release To" and "Obtain From", both of which are checked. A red box with the number "6" is drawn around these checkboxes. Below the radio buttons is a dropdown menu for "Release To/From" with "Training, Spouse" selected. Below this are fields for "Contact Type", "Organization", "Name", "Address", "City", "State", "Zip", "Phone", and "Fax Number". The "City" field is filled with "Sacramento", the "State" field with "California", and the "Zip" field with "95555".

- 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.



The image shows two screenshots of the "Release To/Release From" form. The left screenshot shows the "Contact" radio button selected and the "Release To/From" dropdown menu open, with "Training, Spouse" selected. A red box with the letter "a" is drawn around the "Contact" button and the dropdown menu. The right screenshot shows the "Contact" radio button selected and the "Release To/From" dropdown menu open, with "Training, Spouse" selected. A red box with the letter "a" is drawn around the "Contact" button and the dropdown menu. The right screenshot also shows the "Organization" field filled with "Training, Spouse", the "Address" field filled with "123 Oak Street", the "City" field filled with "Sacramento", and the "Phone" field filled with "(916) 555-9999".

- b. Collect a Release of Information for "All Treatment Providers" by selecting the **Organization/Provider** option. Select the **Release To & Obtain From** boxes.
- i. If you're completing a release for an organization, such as Social Services or a school, select "Organization/Provider". Enter the organization's information.

Release To/Obtain From

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

☒ Organization/Provider
 ☐ Contact
 [Open Contacts](#)
 Type ☒ Release To ☒ Obtain From

Release To/From

Contact Type

☒ Organization
 ☐ All Treatment Providers

Name

Address

City State Zip

Phone Fax Number

7. Select the Purpose of Disclosure

Purpose of Disclosure

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

☐ Quality Improvement

- a. Complete the Purpose of Disclosure section. Most authorizations to disclose information are for treatment and/or care coordination, but others may apply. Select the appropriate boxes. If you select **Other**, make sure to clarify.

8. Complete the Expiration section. The start date automatically fills with today's date. If you don't change anything in this section, the document will automatically expire 1 year from today's date.

- a. You can also add c+y in this field to have the expiration date show right away.

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 03/05/2025 End Date

9. Complete the Information to be Used or Disclosed section.

- a. Select either MH or SUD for ROI Type.
- b. Select all records that are authorized for disclosure per the client's request.

- c. If the client requests that only records from a certain time frame be shared, include the start and end dates.

10. If the client wishes to put any restrictions on this authorization, enter those in the Restrictions section.

11. Agency Contact Information

- a. **a. "Program"** - Must be the open client program (CDAG) at the time the release is signed. For example, if the client is Drug & Alcohol and at walk-ins at the Grover Beach Clinic, you would put DAS GB Walk-in or DAS GB MAT Walk-In.
- b. **"Attention"** – Do not fill this in, otherwise the person named is the only contact that may release information for the client until the release expires or a new one is signed.
- c. **"Address"** – The address of the clinic collecting the release of information.

12. Select whether you gave a copy to the client or if they declined a copy.

13. **"Agency Staff"** is the name of the person collecting the release of information.

14. Select how you identified the client.

15. Information about HIV/AIDs and Substance Abuse Treatment

- a. This 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.

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?

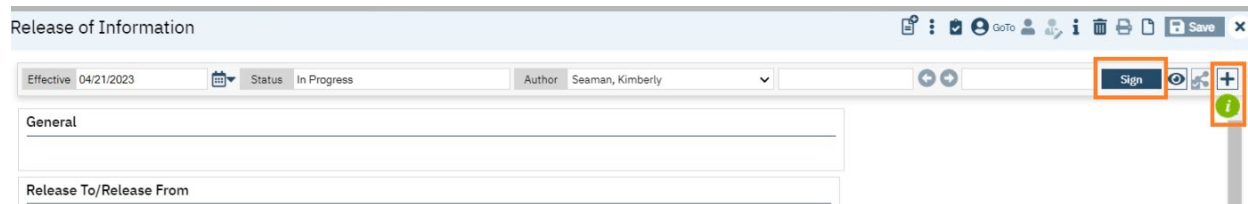
Alcohol/Drug Abuse:

- ☐ 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.

16. You need to sign the document before the client can sign. Click the Sign button in the upper right-hand corner.



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

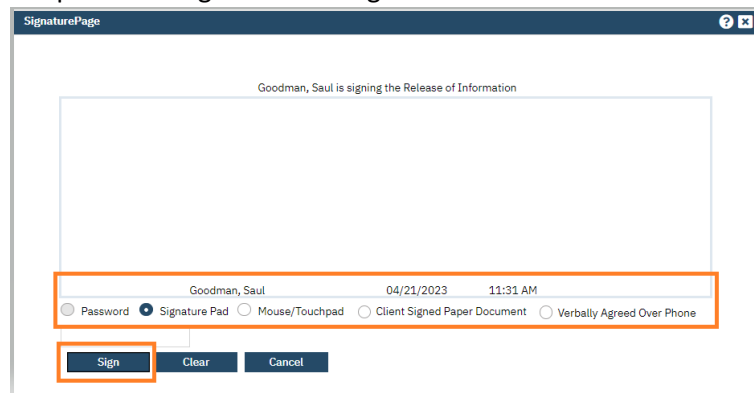


18. The signature window will display. Select method client will be signing. Either Signature Pad or Client Signed Paper Document.

- a. (Do not use verbally agreed over phone for signature. Doing so will invalidate the Release of Information.)

19. Once the client has signed, click the Sign button.

20. Note: If a client is under 12 years old, you may delete the client signature. You will need to add the parent/guardian signature.



21. 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.

22. Add signatures for your clinic HIT and LPHA from the Signer drop-down menu.

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

If you forget to add a staff signature, re-open the form and click the edit button.

Select the desired staff from the drop-down menu in the Signer field. X to close.

Enter in Client Information (Screen)

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

24. Enter all information the client provided in the General tab, Alias tab, Demographic tab, and Contacts tab. Once done, click Save and X to close.
 - a. **Home address:** 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.
 - i. If the client is **Homeless** and verify if they have a mailing address, only enter enter **General Delivery** for mailing address if client states they have signed up for General Delivery. See example on next page.
 - b. If the client does not have a different mailing address, check the **Billing** box since this is the address where they will receive mail.

- c. **Mailing address:** If the client has a specific address where they want to receive mail other than their home address, select the dropdown arrow below **Addresses**, and find “**Mailing**” from the list. Enter the mailing address the client provides.
 - i. If they are homeless with no other mailing address and have signed up for General Delivery with the Post Office, enter: **General Delivery and the city, state, and zip** where they are accessing services in.
- d. Check the **Billing** box since this is the address where they will receive mail.

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 647437 SSN 0000 [Modify...](#) Do Not Use Do Not Use

Prefix First Name Fictional PIN 03 Middle Name Last Name Client Suffix

E-Mail Medi-Cal ID ☒ Active Professional Suffix

Medicare Beneficiary ID

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

Phone Numbers

		DNC	DNLM
Mobile	<input type="text"/> (805) 555-1234	<input type="checkbox"/>	<input type="checkbox"/>
Home	<input type="text"/>	<input 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"/>

Addresses

☒ Home

☒ Home
☐ Office
☐ Temporary Residence
☐ Other
☒ Mailing

☐ Billing

Comment

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

Addresses

Mailing ☒ PO Box (enter in number)
San Luis Obispo, CA 93401

☒ Billing

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

OR

Addresses

Mailing ☒ General Delivery
San Luis Obispo, CA 93401

☒ Billing

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

25. In the comment box enter the client's driver's license number or ID number.
- If the client does not have a DL or ID enter: **99902 – Non/Not Applicable**
 - If the client refuses to provide their DL or ID enter: **99900 – Decline to State**

Client Information

General Aliases Demographics Financial Release of Information Log Contacts Family External Referral Foster Care

Custom Fields

General Information

Type of Client ☒ Individual ☐ Organization

Client ID 366181 SSN [Modify...](#) Do Not Use Do Not Use

Prefix First Name Fictitious Middle Name Last Name Client Suffix

E-Mail Medi-Cal ID ☒ Active Professional Suffix

Medicare Beneficiary ID

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

Phone Numbers

Home ☒ 5555551234 ☐ DNC ☒ DNLM

Business ☐ ☐ ☐ ☐

Home 2 ☐ ☐ ☐ ☐

Business 2 ☐ ☐ ☐ ☐

Addresses

Home ☒

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

Comment

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

CA DL# A123456
or
CA ID# A654321

26. 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

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 ☐ Associate Client ID ☒ 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](#)

- b. 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 Health Information Exchange Preference (Paper Document)

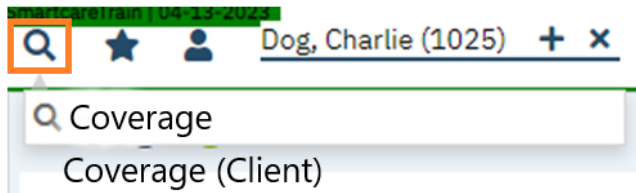
1. In the **Client Information** Screen, you will select the **Custom Fields** tab
2. Based on the client's preferences selected by the client, you will either uncheck the **Opt Out of Data Sharing** or leave the box still checked.
 - If the client wants to share their data, uncheck the **Opt Out of 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

The screenshot shows the 'Client Information' screen with the 'Custom Fields' tab selected. The 'Data Sharing' section is highlighted with a red box. It contains the following fields:

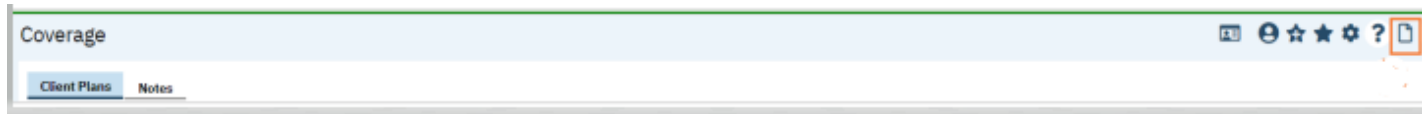
- Opt Out of Data Sharing:** A checked checkbox.
- From:** A date field with a calendar icon.
- To:** A date field with a calendar icon.
- Person Requesting Opt Out:** A dropdown menu with the following options: Self (Client), Guardian/Custodian, Other Authorized Individual, and County Administrative Staff.
- Reason for Opt Out:** A dropdown menu with the option: Client Request.
- Additional Notes:** A text area with the example text: 'For example: 1-1-25 Opted out of substance use disorder information. Opted out of Gender-affirming Care Information. Kathy McGuire'.

Enter in Coverage/Insurance Information (Screen)

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



Click on the New icon in the top right corner to add a new Plan.



These fields are required when entering a new plan, **Plan**, **Insured ID** and **Client is Subscriber**.

Client Plans

General Claim Information Copayment Monthly Deductible Custom Fields

Plan

Plan Medi-Cal DMC

Insurance Type Code

Insured ID

Medicare Beneficiary ID

Group #

Employer/ Group Name

Contact Number

Insured Information

Client is Subscriber Yes No

Copayment

Deductible

- 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.
 - 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.

Repeat the above steps to add additional Coverages. Ensure all are entered including Private Insurance and Medi-Care.

You will need to enter Medi-Cal MH info, as well as separate Medi-Cal DMC info.

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' application window with the 'Client Plans' tab selected. A table lists three insurance plans. The 'Start Date' column for the second plan is filled with '05/01/2023'. The 'Service Area' column for the second plan is set to 'MH'. The 'Add' button at the end of each row is highlighted with an orange box.

Plan Name	Insured Id	Co-Pay	Start Date	End Date	COB	Service Area	
Medi-Cal	90817445D						Add
Medi-Cal MH	90817445D		05/01/2023			MH	Add
Medicare Part A & B	54DX232XJK1						Add

Below the table, there are filters for 'Show Current Plans Only' (checked) and 'MH'. A 'Maximize Time Spans' button is also present. The 'Plan Time Spans' section shows '05/01/2023 - No End Date' and a 'Change COB Order...' button. The address '90817445D-1500 Capitol Avenue MS 2704 Sacramento, CA 95899-...' is displayed, along with a 'Set End Date' button.

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.

This screenshot focuses on the 'Plan Time Spans' section. The 'Change COB Order...' button is highlighted with an orange box. The text '05/01/2023 - No End Date' is visible, along with the address '90817445D-1500 Capitol Avenue MS 2704 Sacramento, CA 95899-...' and the 'Set End Date' button.

Verify eligibility by clicking the Verify Eligibility icon.

The screenshot shows the bottom toolbar of the 'Coverage' window. The 'Verify Eligibility' icon, which depicts a person with a checkmark, is highlighted with an orange box. Other icons for user management, help, and window control are also visible.

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 Plans

Subscriber: Kitty Cat
 Patient: Kitty Cat
 Address: 1234 Main St, San Francisco, CA 94102
 Date of Birth: 04/26/2001
 Gender: Female
 SSN: 562562145
 Insurance Type: Medi-Cal
 Plan Coverage Description: Health Benefit Plan Coverage Medicaid
 Group Policy Name: 610442
 Start Service Date: 05/10/2023
 End Service Date: 05/10/2023
 Commercial Insurance Name: NO RECORDED ELIGIBILITY
 Message 1: NO RECORDED ELIGIBILITY
 Message 2: NO RECORDED ELIGIBILITY
 Message 3: NO RECORDED ELIGIBILITY

Plan	Coverage Level	Service Type	Insurance Type	Benefit Entry Name	Plan Coverage Description	Group Policy Name	Start Service Date	End Service Date	Commercial Insurance Name	Message 1	Message 2	Message 3
1	1	1	1	1	1	1	1	1	1	1	1	1

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

Insurance Eligibility Verification

Print Response Close

Request Response

Update Coverage Plans

Subscriber: Kitty Cat
 Patient: Kitty Cat
 Address: 1234 Main St, San Francisco, CA 94102
 Date of Birth: 04/26/2001
 Gender: Female
 SSN: 562562145
 Insurance Type: Medi-Cal
 Plan Coverage Description: Health Benefit Plan Coverage Medicaid
 Group Policy Name: 610442
 Start Service Date: 05/10/2023
 End Service Date: 05/10/2023
 Commercial Insurance Name: NO RECORDED ELIGIBILITY
 Message 1: NO RECORDED ELIGIBILITY
 Message 2: NO RECORDED ELIGIBILITY
 Message 3: NO RECORDED ELIGIBILITY

Additional Subscriber Information

Gender: Male
 DOB: 20020426
 Patient Id: 90817445D
 Information Contact:

Sub Supplemental Id Group Policy #

Information Source
 Payer Name: MEDI-CAL
 Payer Id: 610442
 Information Receiver
 Provider Id: 000001301
 Provider Secondary Id:

Complete a UMDAP Financial Assessment, Paper Cost Agreement, and Paper ABN (if applicable) 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.

If your client has Medicare an Advance Beneficiary Notice (ABN) (MH and SUD clients) will need to be completed for all screening/assessments.

The AA will:

1. Complete/have client or legal representative sign.
2. Completed forms go to the site HIT.
 - a. The site HIT will scan into the electronic health record.

Script for AA to discuss ABN:

NOTE TO AA: On the rare occasion that a client becomes upset when completing the ABN or Client Cost Agreement, ask for Supervisor or staff member assigned to crisis to assist the client.

It is a federal requirement for us to inform you of the cost of each service that we may recommend for you. We do this by providing you with this **ADVANCED BENEFICIARY NOTICE**.

For payment, Medicare requires us to bill Medicare first. If Medicare denies a payment, we can bill your other insurance.

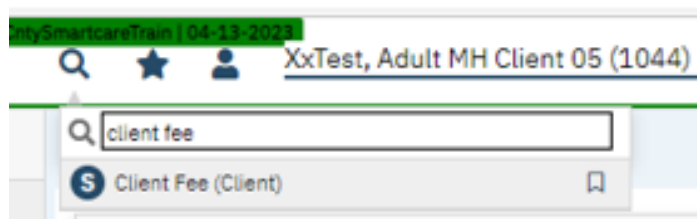
If you maintain your other insurance, you are only responsible for the amount you agree to pay under the **CLIENT COST AGREEMENT** with Behavioral Health. And if you have Medicare Only, Restricted Medi-Cal, Emergency Medi-Cal, Private Insurance, or no funding source, we will work with you to set an ANNUAL FEE on the **CLIENT COST AGREEMENT**, based on a sliding scale and your ability to pay.

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)**.



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

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.

The screenshot shows the 'Responsible Party' tab of the 'UMDAP Financial Assessment' form. The form is for 'Tester, Happy (1018)' and is dated '05/22/2023'. The 'Status' is 'New' and the 'Author' is 'So Co, Test Front Office'. The 'Effective' date is '05/10/2023'. The 'Responsible Party' tab is selected, and the 'Client is Responsible Party' checkbox is checked. The 'Medi-Cal Eligible' checkbox is also checked. The 'Relationship to Client' dropdown is set to 'Home'. The 'Marital Status' dropdown is set to 'Home'. The 'Address' section includes a 'Home' dropdown and a 'Billing' checkbox. The 'Telephone Number' section includes a 'Home' dropdown and a 'DNC' checkbox. The 'Veteran' checkbox is checked. The 'Social Security Number' field is empty. The 'Employer' field is empty. The 'Employer's Address' field is empty. The 'Employer Telephone Number' field is empty.

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.

The screenshot shows the 'Third Party Information' tab of the 'UMDAP Financial Assessment' form. The form is for 'Tester, Happy (1018)' and is dated '05/22/2023'. The 'Status' is 'New' and the 'Author' is 'So Co, Test Front Office'. The 'Effective' date is '05/10/2023'. The 'Third Party Information' tab is selected. The 'Insurance' section includes a 'Medicare Policy ID Number' field. The 'Address' section includes a 'Home' dropdown and a 'Billing' checkbox. The 'Insurance ID' field is empty. The 'Medi-Cal CIN' field is empty. The 'Assignment/Release of information obtained' checkbox is checked.

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 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

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

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

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 'Status' is 'New' and the 'Author' is 'Seaman, Kimberly'. A red box highlights the 'Sign' button in the top right. Another red box highlights the 'Other Information' tab. A third red box highlights the 'An explanation of the UMDAP liability was provided' section, where the 'Yes' radio button is selected. The form includes fields for 'Provider of Financial Information', 'Adjusted by', 'Adjusted Reason', 'Approval Date', and 'Address'.

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 'Status' is 'Signed'. A red box highlights the 'Sign' button in the top right. The document viewer shows a 3-page document.

The screenshot shows the 'UMDAP Financial Assessment' form with the 'Signer' section. The 'Status' is 'Signed'. A red box highlights the 'X' button next to the 'Add Signer(s)...' dropdown. The 'Signer' dropdown is set to 'X' with Fictional, ...'. The 'Program' dropdown is set to 'TINNA PHS&A Adult PSP MD-08'.

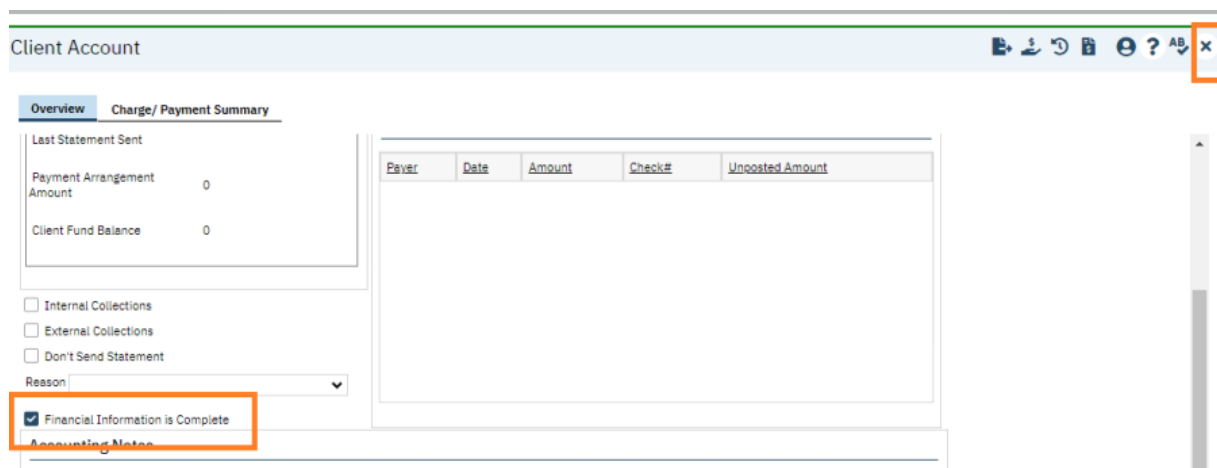
10. Click X to close.

The screenshot shows the 'UMDAP Financial Assessment' form in 'Document' view. The 'Status' is 'Signed'. A red box highlights the 'X' button in the top right corner of the form header. The document viewer shows a 3-page document. The 'Client ID: 400008' is displayed at the bottom left, and 'Page 1 of 3' is displayed at the bottom right.

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.



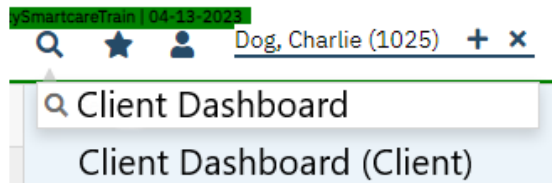
HITs to complete as part of intake audit.

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

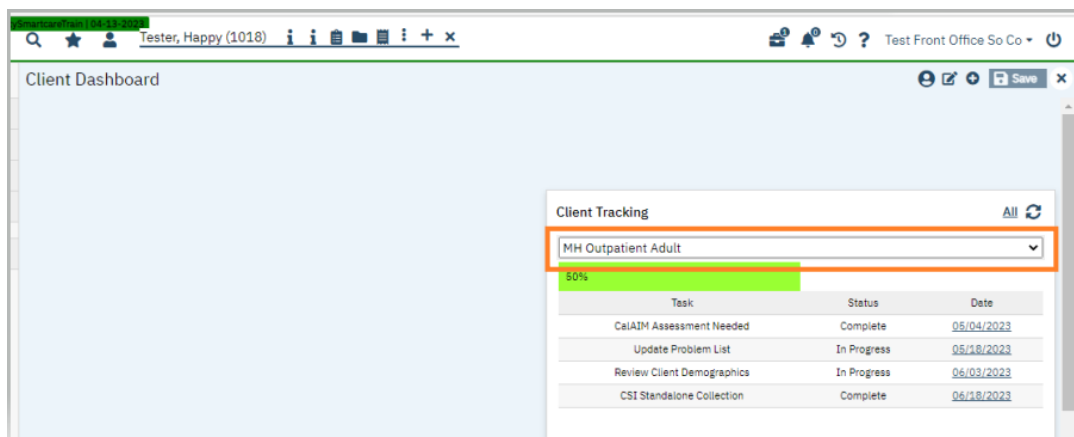
Paper items MH Front Office is to obtain, applicable to their program: Cost Agreement, ABN, Health Questionnaire- Optional; Short Sensory Profile (on paper)-Martha's Place only, CHADIS Report (on paper)-Martha's Place only, Caregiver Affidavit, Audio/Video Consent, PSC, Consent to Take Photo (if we are 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

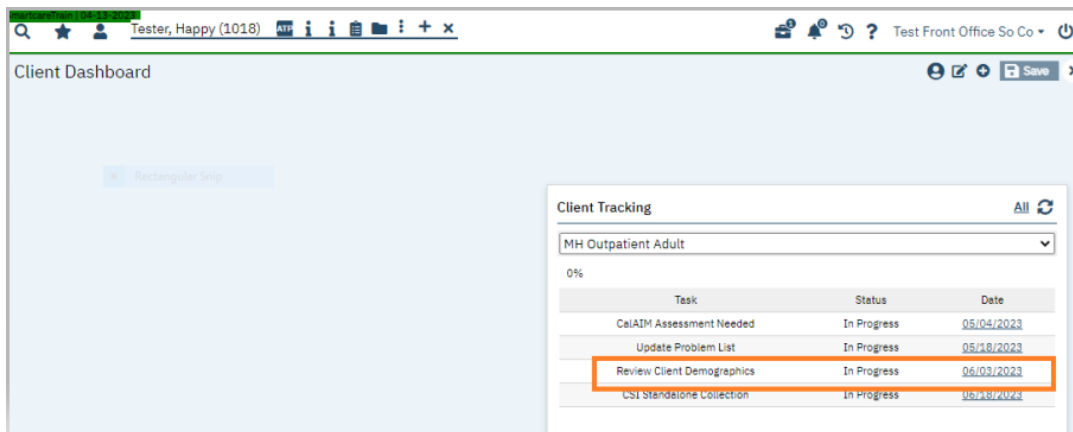
With the client open, search **Client Dashboard** and select **Client Dashboard (Client)**.



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:

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

Modify Clear

Notes: 1 list Show Archive 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
CaiAM Assessment Needed	In Progress	05/04/2023
Update Problem List	In Progress	05/18/2023
Review Client Demographics	Complete	06/03/2023
CST Signature Collection	In Progress	05/18/2023