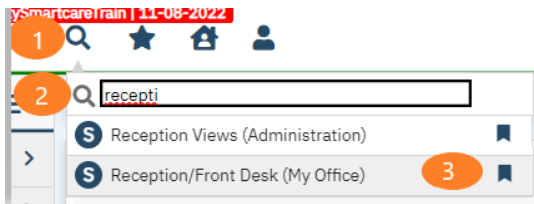


Onboarding a Client in SmartCare

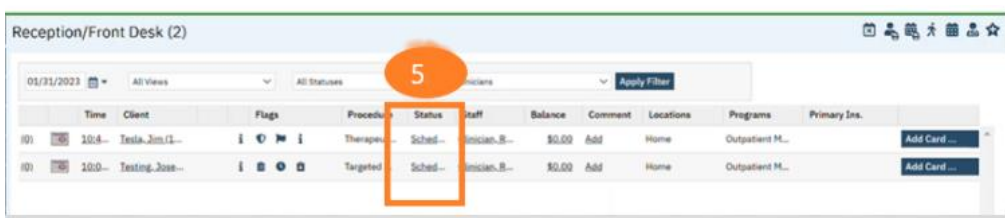
SmartCare search words in **bold** throughout this guide.

Check-in Client

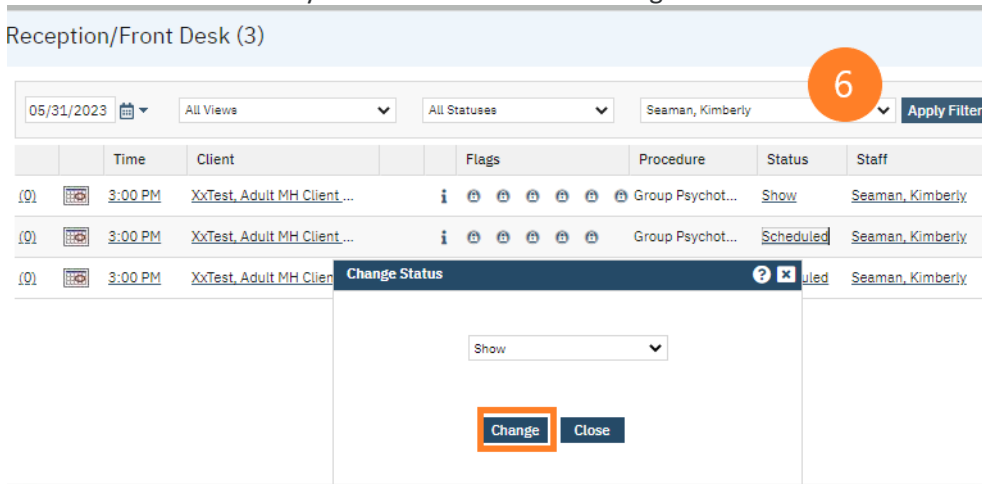
1. Click the Search icon.
2. Type **Reception** in the search bar.
3. Click to select **Reception-Front Desk (My Office)**



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 Mh All Statuses All Clinicians Apply Filter

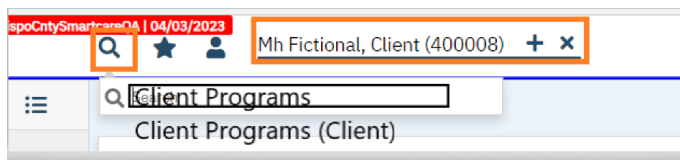
Time	Client	Flags	Procedure	Status	Staff	Balance	Comment	Locations	Programs	Primary Ins.	
10:00	Tessa, Tim L.		Therapeut...	CANCEL	Clinician, B...	\$0.00	Add	Home	Outpatient M...		Add Card ...
10:00	Tessina, Zoe...		Targeted	Clinician, B...	\$0.00	Add	Home	Outpatient M...		Add Card ...
2:00	Assala, Jason...		ASAC e Compre...	Show	Staff, Fng...	\$617.80	Add	Office	Outpatient M...		Add Card ...
2:00	Bauch, Erica L...		Hypother...	Social...	WILLIAMS, L...	\$0.00	Add	Office	Outpatient M...	Medi-Cal/100	Add Card ...

Enroll Client into Program

(AZ equivalent = admitting the intake assignment)

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.)

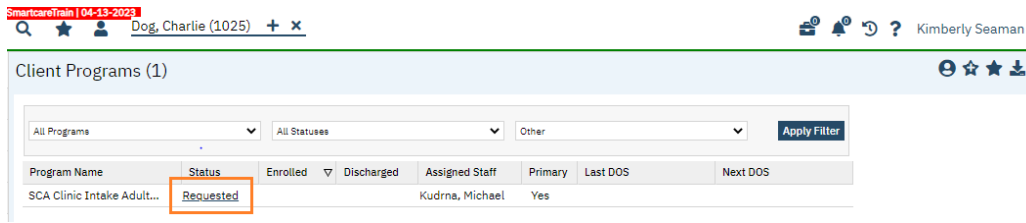
rtcareQA | 04/03/2023 Mh Fictional, Client (400008) + x

Client Programs (15)

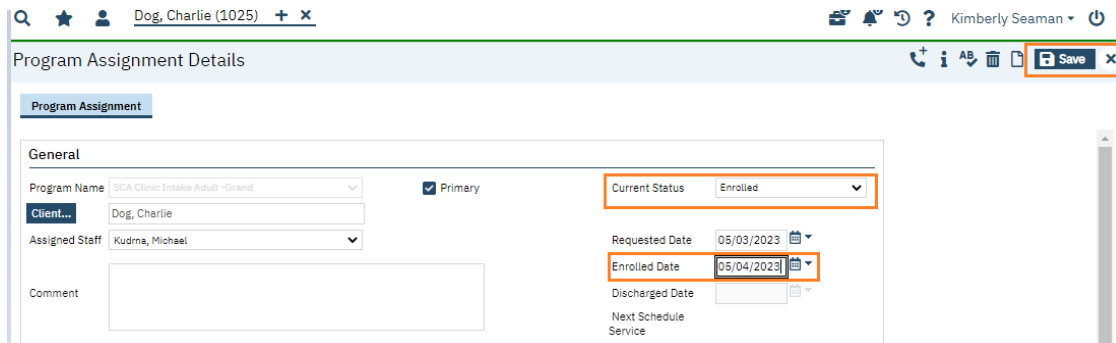
All Programs All Statuses Other Apply Filter

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 PI 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.



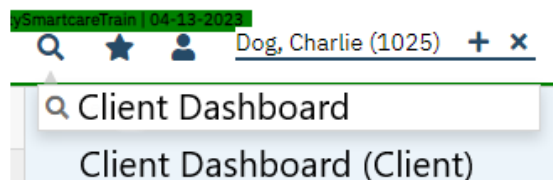
The Program Assignment Details window will open. Change Current Status field from Requested to Enrolled. Enter in the Enrolled Date (date client is attending the assessment.) Click Save and X to close.



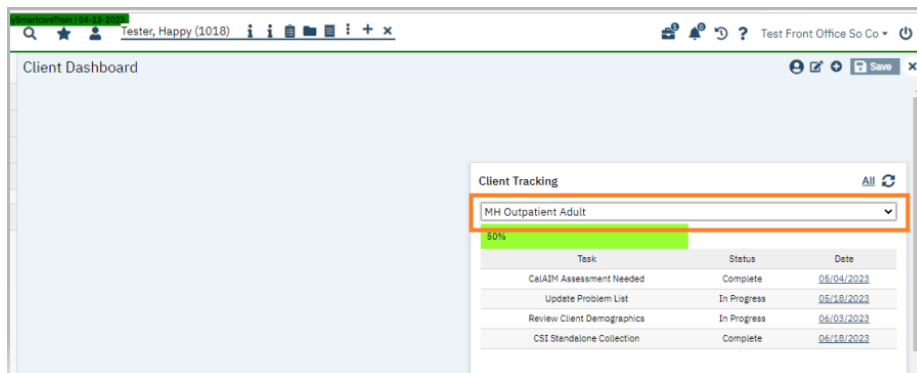
Obtain Client Consents

(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)**.

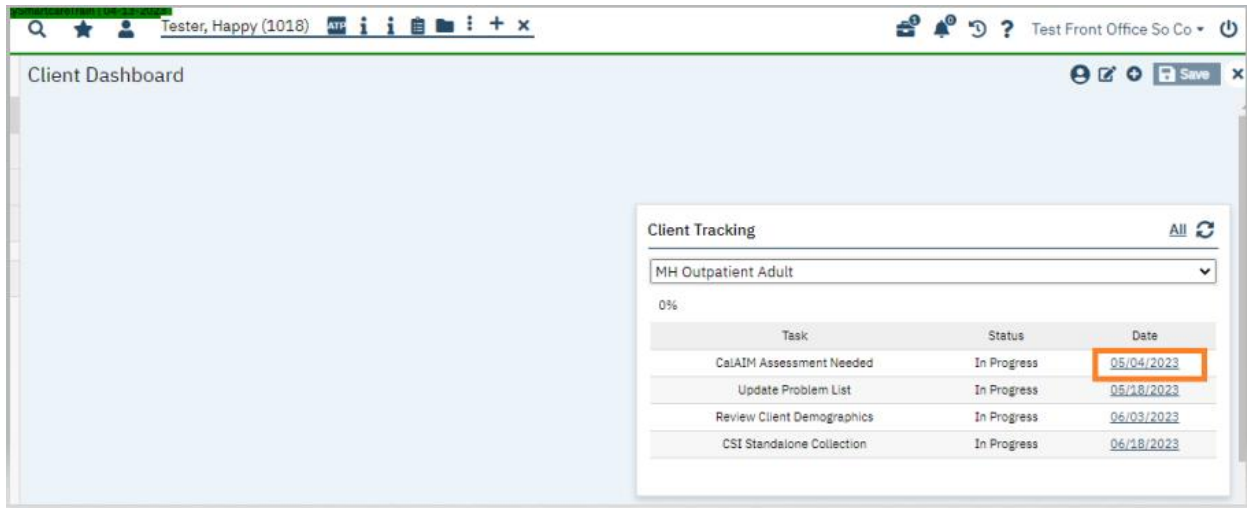


Navigate to the “**Client Tracking**” Widget and select your program from the drop-down menu. This shows you all the flags (tasks) associated with that program.



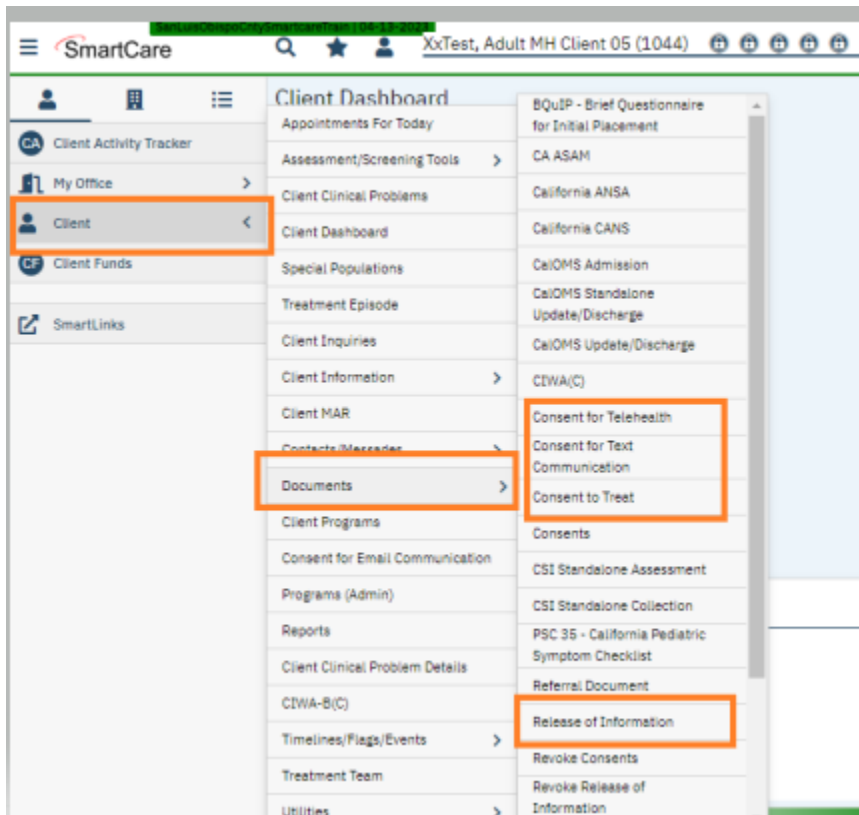
Look at the **Client Tracking** Widget and select each document you are responsible for completing.

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.**

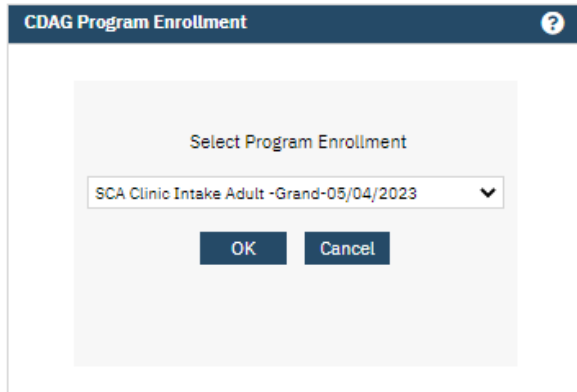


Alternate method if Client Tracking is not set-up at go-live:

You can launch the consent forms from your Quicklinks:



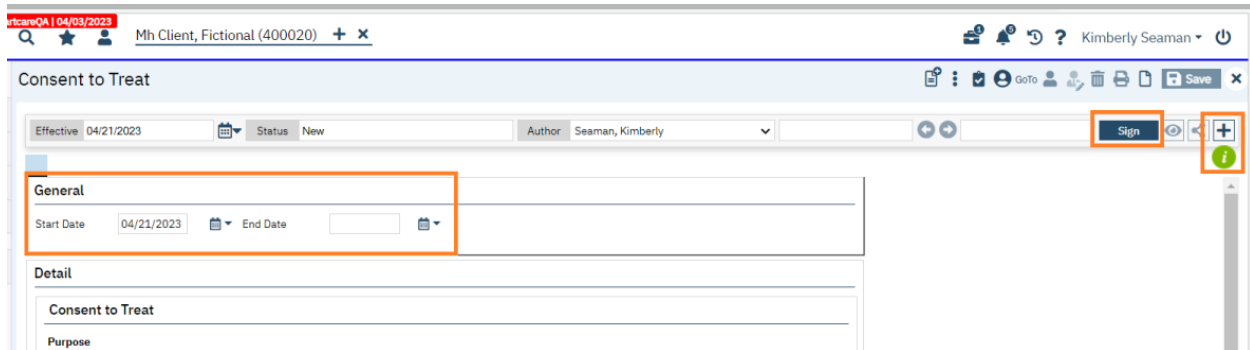
Upon launching a consent document, a dialogue box will open asking you to select the CDAG Program Enrollment. Select the program for your site.



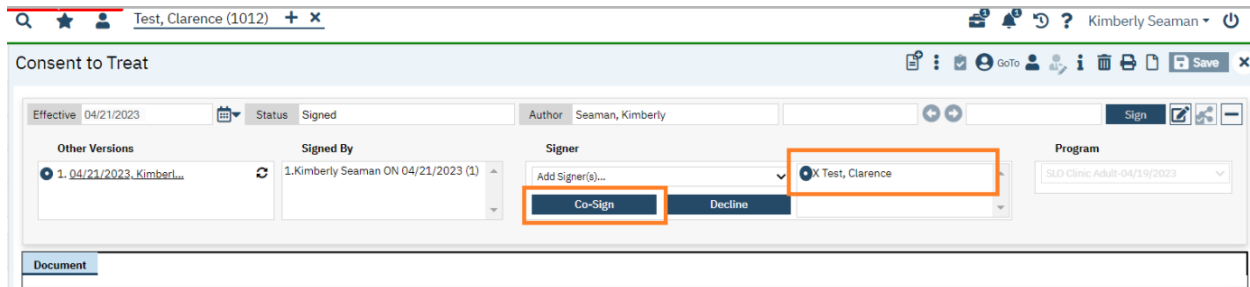
The consent documents do not have any fields that need to be entered. (Start date auto-populates with date document is launched. Leave the end date field blank.) The documents need to be explained to the client and/or guardian, and if consenting, obtain signature(s).

How to obtain signature(s) on Consents:

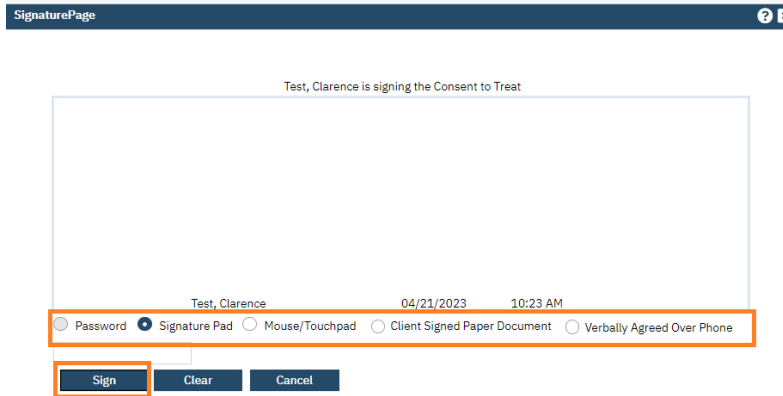
Start by signing. Click the Sign button in the upper right-hand corner.



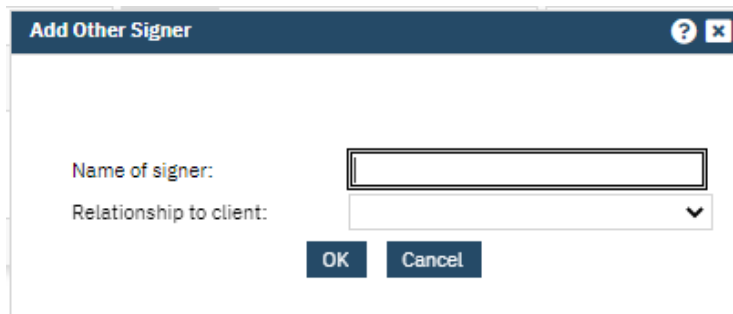
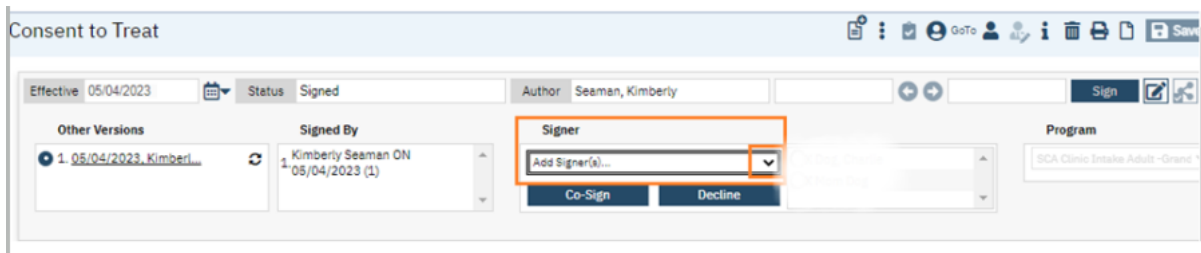
Next, click the + button. The signer box will open. Click the radial button next to the client's name. Click the Co-Sign button. (Note: there is an X next to the radial button. If you click the X, instead of the radial button, the signatory's name will disappear. You will then need to go to the "Add 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.)



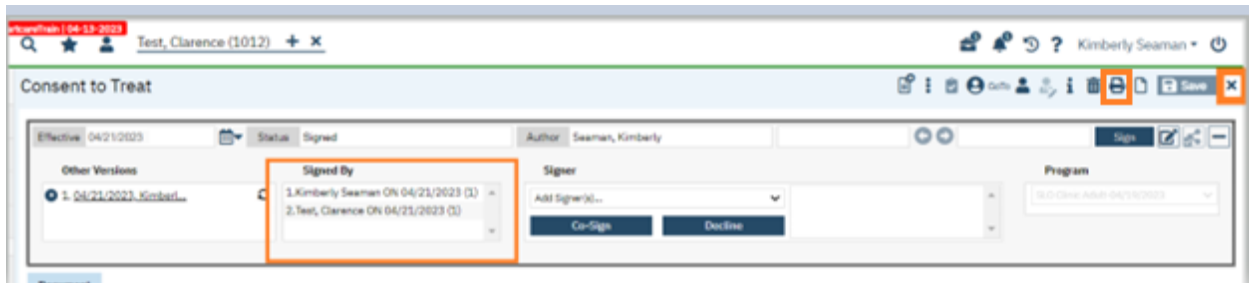
The signature window will display. Select method client will be signing. Once signed, click the Sign button.



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.

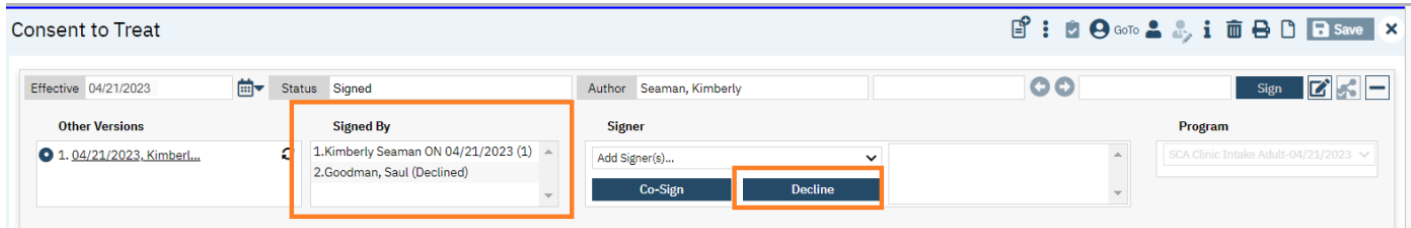


Verify all needed signatures have been obtained. You can print a copy for the client by clicking the print icon. Click X to close the screen.



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.



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.



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



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.



8. In the Consent section, the client should indicate whether they want to consent to sharing information within SmartCare or not.

- Selecting “Yes” will allow the sharing of information across SmartCare. Selecting “No” will keep the information users see limited to their CDAG.
- 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.



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.



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.



11. Click Sign.



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



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?"

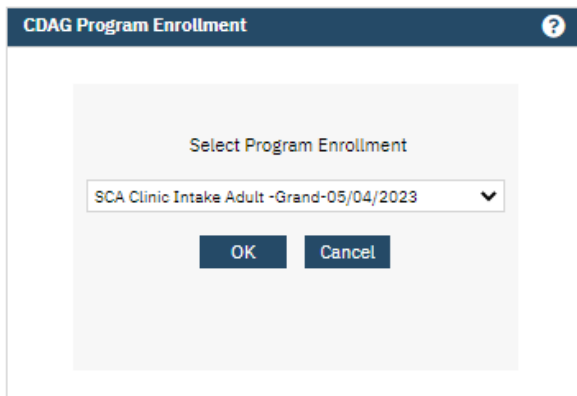
Por ejemplo, al firmar el Consentimiento de Atención Coordinada, nos permitiría coordinarnos con el personal de los otros programas para asegurarnos de que esté recibiendo los servicios que necesita y que los medicamentos se receten de manera coordinada.

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.



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.

Release To/Release 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
6

Release To/From:

Contact Type:

Organization:

Name:

Address:

City: State: Zip:

Phone: Fax Number:

- 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.

- 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.

- 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.

7. 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.

Purpose of Disclosure 7

Process insurance/third part claims(Substance Abuse Remittance Only) Care Coordination

HIE(Health Information Exchange) Other

Expiration 8

If nothing marked - one(1) year from date signed

1 time disclosure 6 months End of Agency Treatment

Start Date 05/18/2023 End Date a

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

- a. Select either MH or SUD for ROI Type. DO NOT USE GENERAL.
- 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.

Information to be Used or Disclosed 9

The information that can be disclosed under this authorization includes the following, if available

ROI Type MH a

All Records Acknowledgement of Treatment Billing &/OR Insurance Information

Intake/Admission Information Psychological Evaluation(s) Reports Medications Prescribed

Discharge Summary/Plan b Progress Review/Summary Screening Assessment(s)

AAPS Eligibility Documents School Records/Reports/IEPs Medical History, Lab Results, Immunizations Records

Treatment Plan(s) Progress Notes Legal Documents

Other

Records Start Date Records End Date c

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

Restrictions 10

11. The terms section provides the client with information about the authorization they are signing. Make sure to check both boxes to demonstrate you've reviewed this information with the client.

Terms

- Under state and federal confidentiality provisions only the information specified can be released.
- The County Behavior Health Services cannot ensure the recipient will maintain the confidentiality of the mental health and/or SUD information authorized and released. If the person or organization obtaining this information is not a health care provider, health plan or covered under the federal privacy regulations, the information may no longer be protected by federal privacy laws including 42 C.F.R. Part 2 and could be re-disclosed.
- This authorization will be honored unless revoked in writing. Revocation may be made at any time except to the extent action has already been taken.
- Persons or organizations may not re-disclose substance abuse treatment information.
- This authorization will expire in one (1) year from the date of signature, or 90 days from the date of discharge from the agency unless one of the following is selected. 30 days, 60 days, 90 days.
- This authorization is voluntary. I have been given the chance to ask questions and receive answers pertaining to this document.
- A list of entities to which my information has been released can be provided by the County Behavior Health Services.

By checking these boxes, I agree that I have read, understand and agree to these terms. 11

NOTICE TO CLIENT: NOTICE TO CLIENT Signing this form is voluntary and not required to receive services with the County Behavior Health Services. I understand.

ACCESS TO MY RECORD: ACCESS TO MY RECORD: I understand I can request a copy of my record. This request will be reviewed and approved by my therapist. I understand I can also review my records with my therapist by making an appointment. This request can take 30 days to complete and charges will apply.

12. Enter your agency’s information in the Agency Contact Information section. (The purpose of this section is to provide the recipient with our contact information, should they need to contact us. Do not add specific staff to the Attention field- we don’t want to limit Release of Information to just that staff member.)

13. 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.

14. 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.

Agency Contact Information 12

Program Attention

Address

City State Zip

Phone

Other 13

Copy Given to Client Yes Declined a copy Agency Staff

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

Additional information 14

Please note – The records released may contain alcohol and drug abuse information and/or information about Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), and AIDS Related Complex (ARC).

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.

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

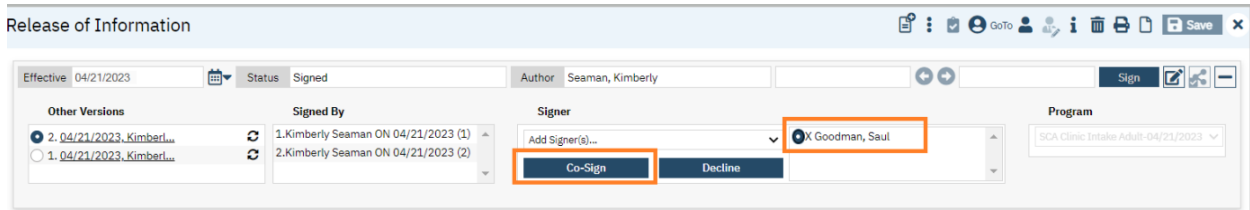
Release of Information

Effective 04/21/2023 Status In Progress Author Seaman, Kimberly Sign

General

Release To/Release From

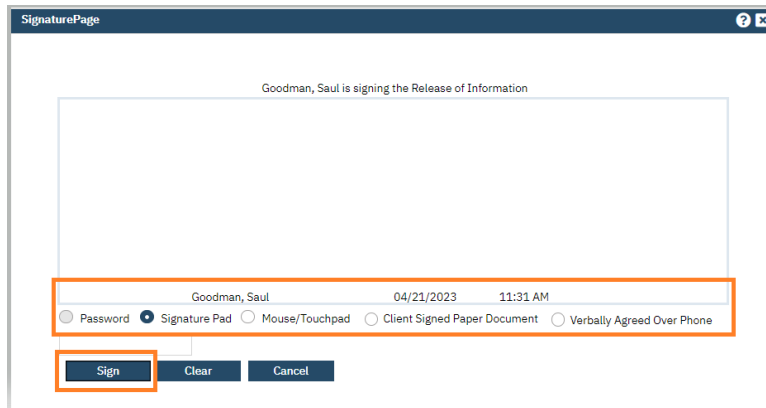
Next, click the + button. The signer box will open. Click the radial button next to the client's name. Click the Co-Sign button.



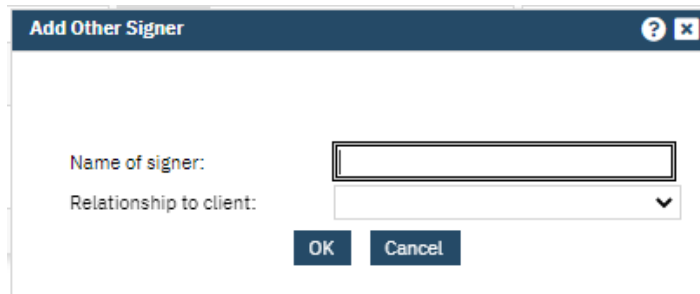
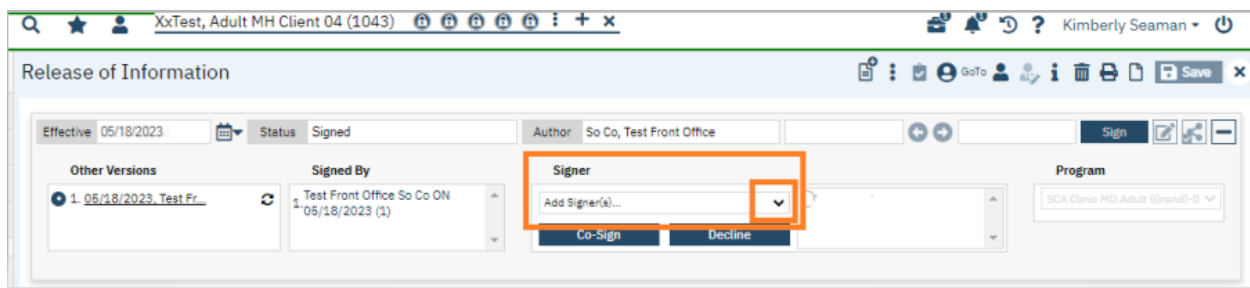
The signature window will display. Select method client will be signing. (Do not use verbally agreed over phone for signature. Doing so will invalidate the Release of Information.)

Once 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.



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.



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

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

The screenshot shows the 'Release of Information' form. At the top, there is a header bar with a 'Save' button and a close 'X' button. Below the header, the form displays the following fields: 'Effective' (04/21/2023), 'Status' (Signed), and 'Author' (Seaman, Kimberly). There are two main sections: 'Other Versions' and 'Signed By'. The 'Signed By' section is highlighted with an orange box and contains a list of three entries: '1. Kimberly Seaman ON 04/21/2023 (1)', '2. Goodman, Saul ON 04/21/2023 (2)', and '3. Kimberly Seaman ON 04/21/2023 (2)'. To the right of this list is the 'Signer' field, which has a dropdown menu labeled 'Add Signer(s)...' and two buttons: 'Co-Sign' and 'Decline'. The 'Program' field is set to 'SCA Clinic Intake Adult-04/21/2023'.

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

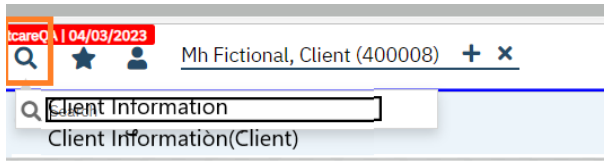
The screenshot shows the 'Release of Information' form for 'XxTest, Adult MH Client 05 (1044)'. The 'Effective' date is 05/23/2023, the 'Status' is Signed, and the 'Author' is 'So Co, Test Front Office'. The 'Sign' button is highlighted with an orange box, and next to it is an edit button (a square with a pencil icon) also highlighted with an orange box. The 'Document' section is visible at the bottom left.

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

The screenshot shows the 'Release of Information' form for 'XxTest, Adult MH Client 04 (1043)'. The 'Effective' date is 05/18/2023, the 'Status' is Signed, and the 'Author' is 'So Co, Test Front Office'. The 'Signed By' section contains one entry: '1. Test Front Office So Co ON 05/18/2023 (1)'. The 'Signer' field has a dropdown menu that is open, showing a list of staff members. The dropdown menu is highlighted with an orange box. The 'Program' field is set to 'SCA Clinic MD Adult (Brand-0)'. The close 'X' button in the top right corner is also highlighted with an orange box.

Enter in Client Information (Screen)

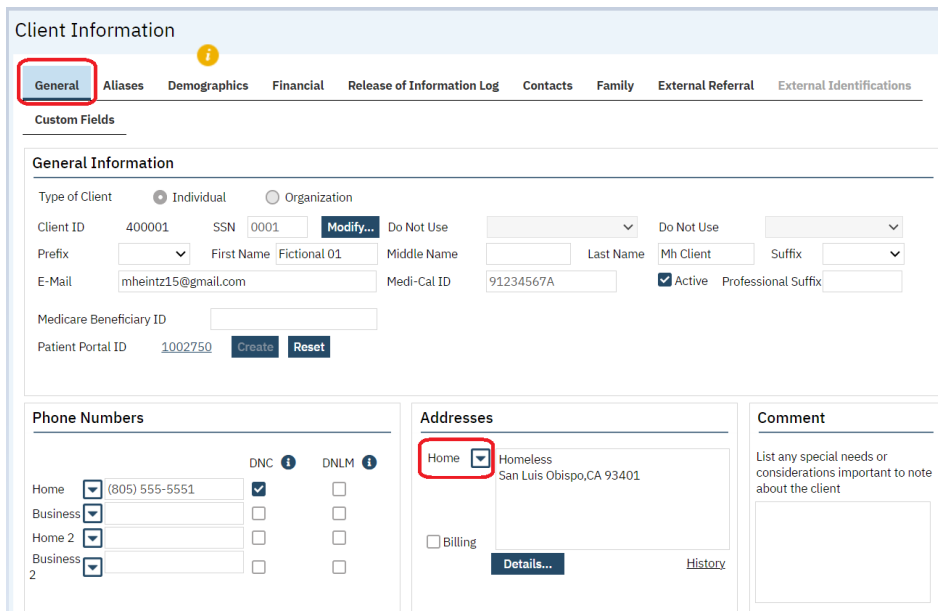
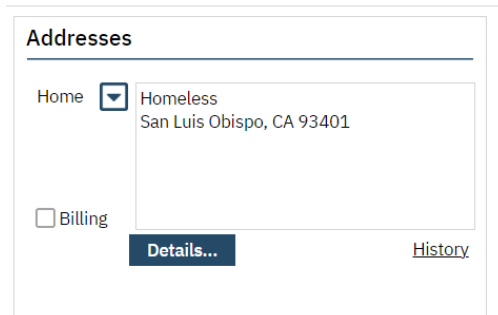
With the client record open, type **Client Information** in the search bar. Select **Client Information (Client)**.



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.

A screenshot of the 'Client Information' form. The 'General' tab is selected and highlighted with a red box. The form contains various fields for client information, including 'Type of Client', 'Client ID', 'SSN', 'First Name', 'Middle Name', 'Last Name', 'E-Mail', 'Medi-Cal ID', and 'Patient Portal ID'. Below these fields are sections for 'Phone Numbers', 'Addresses', and 'Comment'. The 'Addresses' section is highlighted with a red box, showing a dropdown menu with 'Home' selected, and the address 'Homeless San Luis Obispo, CA 93401'. There are also checkboxes for 'Billing' and buttons for 'Details...' and 'History'.A close-up screenshot of the 'Addresses' section. It shows a dropdown menu with 'Home' selected, and the address 'Homeless San Luis Obispo, CA 93401'. There is a checkbox for 'Billing' and buttons for 'Details...' and '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 i

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](#)

<p>Phone Numbers</p> <table border="1"> <thead> <tr> <th></th> <th></th> <th>DNC i</th> <th>DNLM i</th> </tr> </thead> <tbody> <tr> <td>Home</td> <td><input type="text"/> (805) 555-5551</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Business</td> <td><input type="text"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Home 2</td> <td><input type="text"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Business 2</td> <td><input type="text"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			DNC i	DNLM i	Home	<input type="text"/> (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"/>	<p>Addresses</p> <p><input checked="" type="checkbox"/> Mailing <input type="text"/> PO Box (enter in number) SAN LUIS OBISPO, CA 93408</p> <p><input type="checkbox"/> Billing</p> <p>Details... History</p>	<p>Comment</p> <p>List any special needs or considerations important to note about the client</p> <div style="border: 1px solid #ccc; height: 60px;"></div>
		DNC i	DNLM i																			
Home	<input type="text"/> (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

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](#)

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: Client Middle Name: 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: [Assign Treatment Team Role](#)

Credentials: Department: Professional Suffix:

Mail: Mailing Name:

Association

Financially Responsible Emergency Contact Guardian Associated Client ID: Active

Household Member Care Team Member Healthcare Decision Make

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

Phone Numbers

Same As Client Phones

Home: (805) 444-9126

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

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

[History](#)

Comments

List of Contacts Show Only Active Contacts [Export List](#)

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)**.

Search bar: Dog, Charlie (1025) + X

Dropdown menu: Coverage, Coverage (Client)

Click on the New icon to add a new Plan.

Coverage screen: 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

- i. The Client is Subscriber radio button automatically defaults to Yes.
- ii. 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 info, as well as separate Medi-Cal DMC ODS 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 the following details:

- Plan:** Medi-Cal MH (selected)
- Insurance Type Code:** (empty)
- Insured ID:** (empty, highlighted with a red box)
- Medicare Beneficiary ID:** (empty)
- Group #:** (empty)
- Employer/ Group Name:** (empty)
- Contact Number:** (empty)
- Insured Information:** Client is Subscriber (Yes/No), with 'No' selected and 'Update Contacts' button circled in red.
- Insured Name:** (empty)

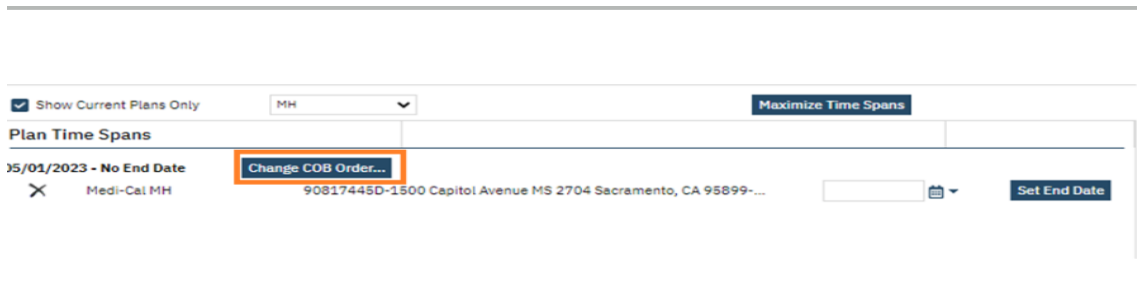
Enter Start Date, Service Area (add both MH & DMC for Medicare/Private Insurance; MH for Medi-Cal; and DMC for Medi-Cal DMCODS) and select Add.

The screenshot shows the 'Coverage' table with the following data:

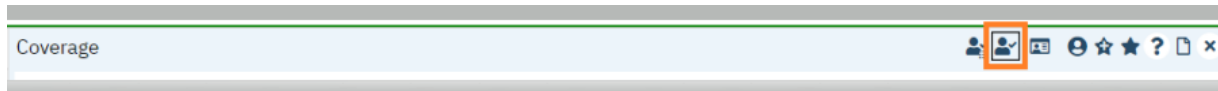
Plan Name	Insured Id	Co-Pay	Start Date	End Date	COB	Service Area	
Medi-Cal	90817445D						Add
Medi-Cal MH	90817445D		05/01/2023			MH	Add
Medicare Part A & B	54DX232XJK1						Add

Below the table, there are filters for 'Show Current Plans Only' (checked) and 'Maximize Time Spans'. The 'Plan Time Spans' section shows '05/01/2023 - No End Date' and a 'Change COB Order...' 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.

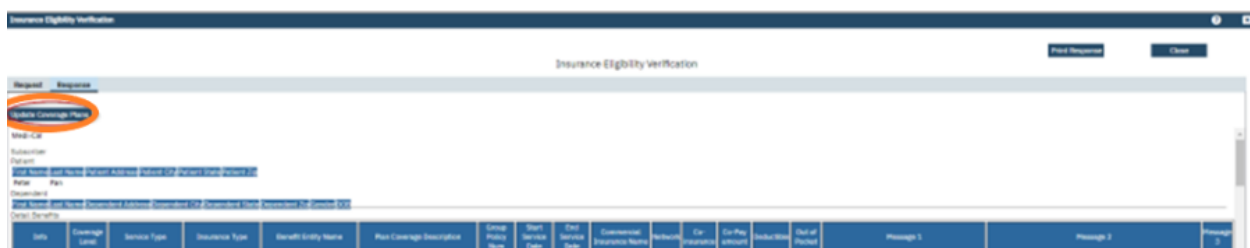


Verify eligibility by clicking the Verify Eligibility icon.

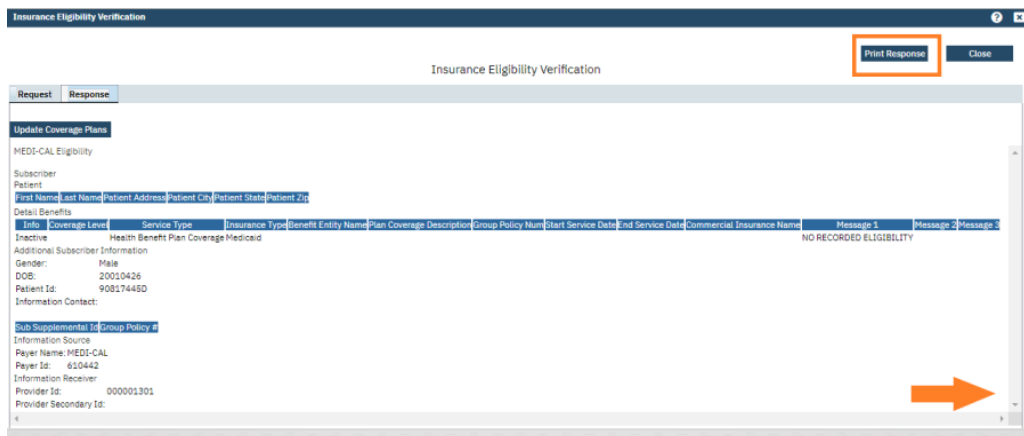


Insurance Eligibility Verification screen will open. Click Submit Request.

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



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



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.

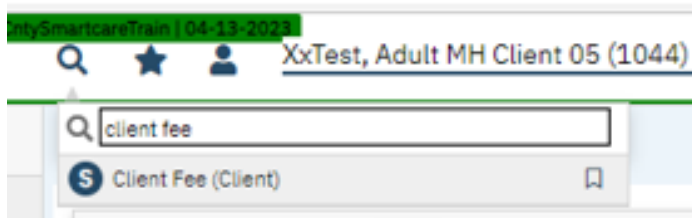
If you maintain your other insurance, you are only responsible for the amount you agree to pay under the **CLIENT COST AGREEMENT** with Behavioral Health. And if you have Medicare Only, Restricted Medi-Cal, Emergency Medi-Cal, Private Insurance, or no funding source, we will work with you to set an ANNUAL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

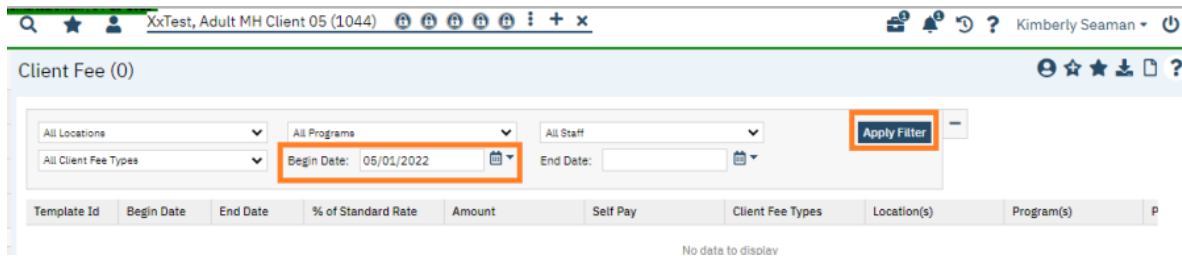
If a client needs an UMDAP (for clients with Medicare Only, Private Insurance, or no insurance/funding source), an UMDAP will need to be set by the service provider. The service provider will need to complete the UMDAP Financial Assessment (on paper) & set the UMDAP. Once done, they will give to the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

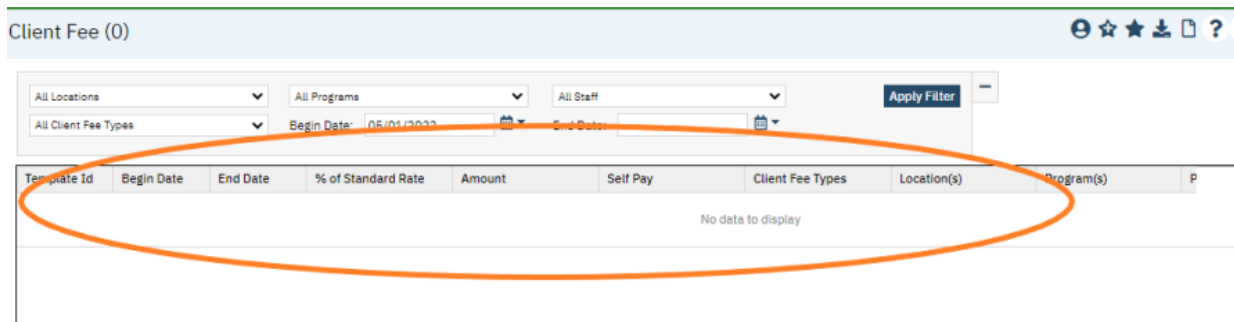


Set the begin date to go back one full year and click apply filter. (Leave all other fields set as All.)



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.

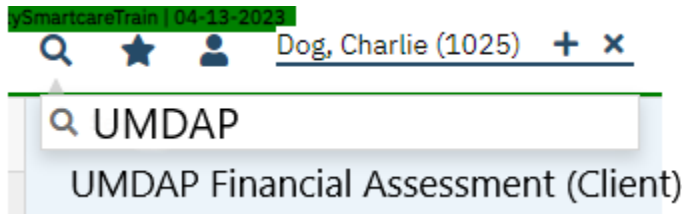
THERE SHOULD ONLY BE ONE UMDAP FINANCIAL ASSESSMENT IN SMARTCARE PER ANNUAL PERIOD.



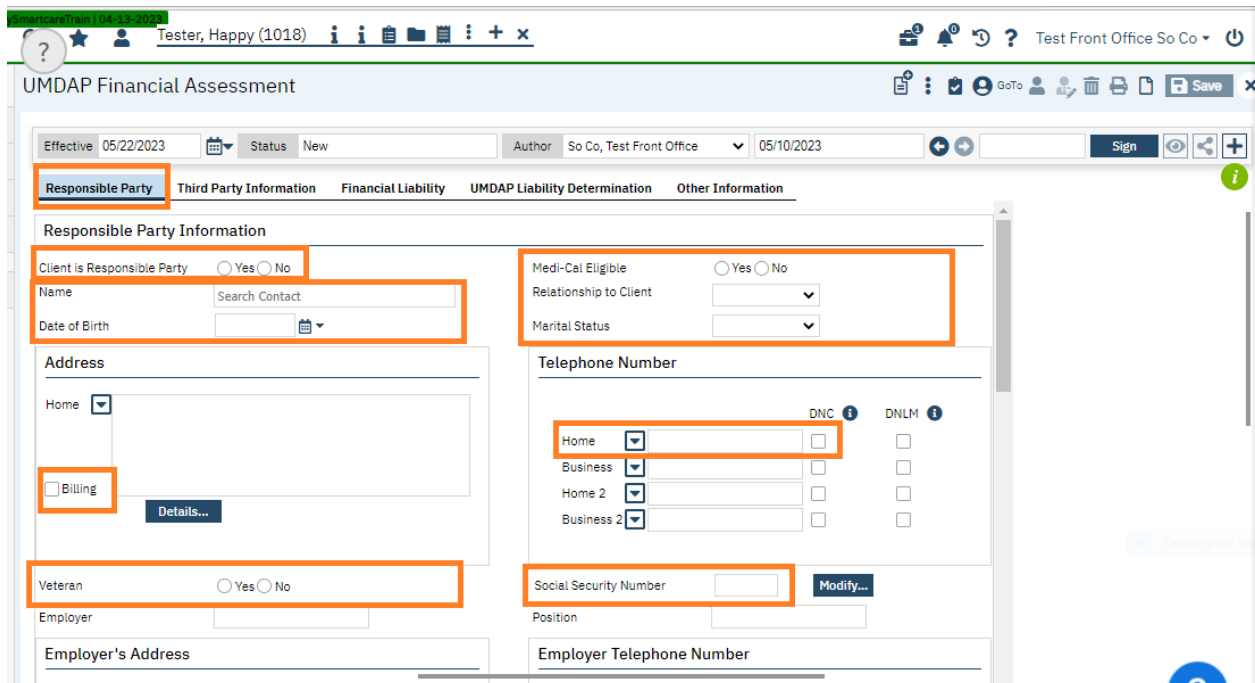
Complete a UMDAP Financial Assessment

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.



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.

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

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

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.

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.

Effective 05/25/2023 Status New Author Seeman, Kimberly Sign

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

Other Information

Provider of Financial Information (if other than patient or responsible person)

Name Adjusted by

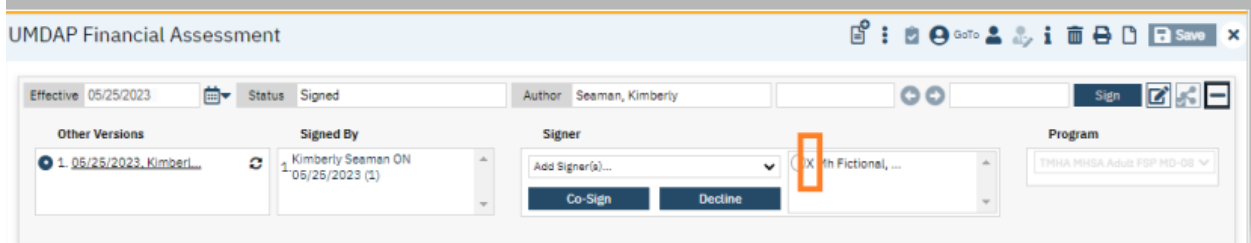
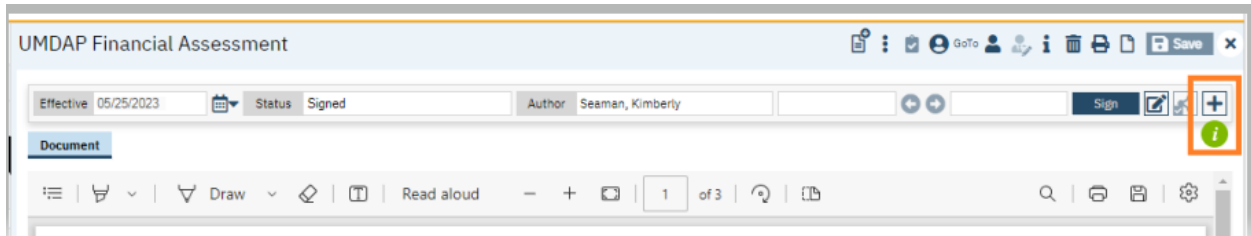
Approved by Adjusted Reason

Approval Date

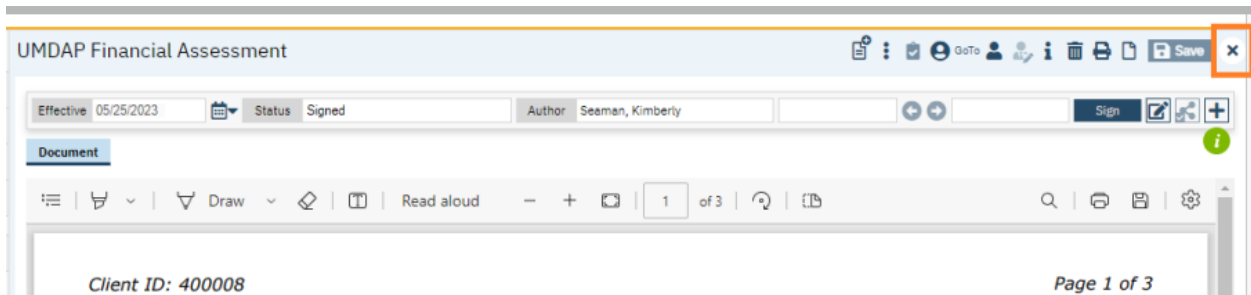
Address

An explanation of the UMDAP liability was provided Yes No

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.)



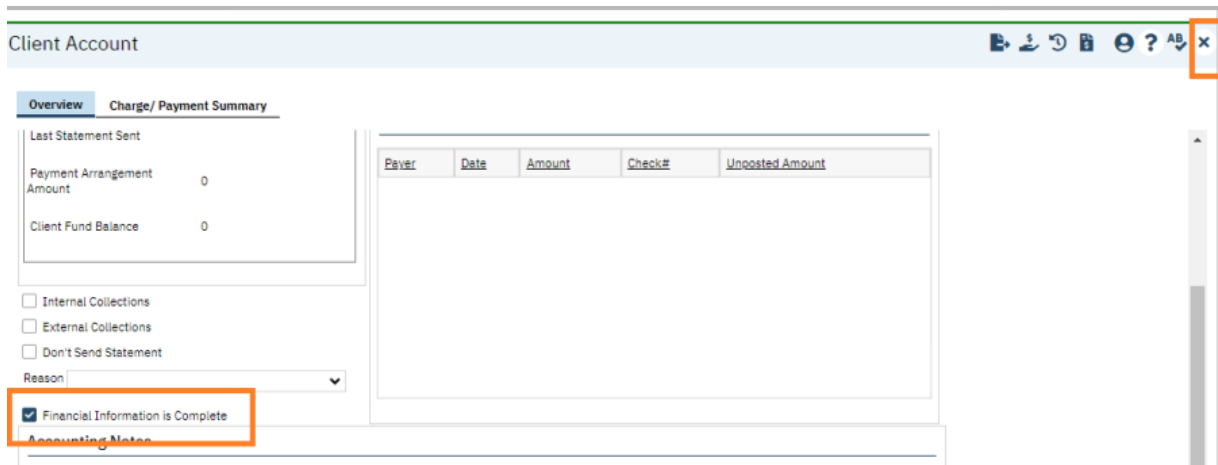
10. Click X to close.



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.

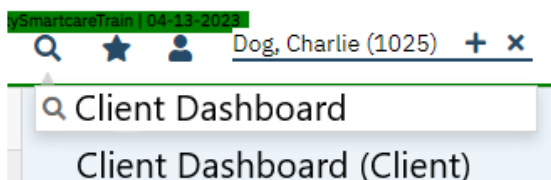


Clear Notifications/Flags for Items Front Office completed on Paper or in Screens (HITs to complete as part of intake audit.)

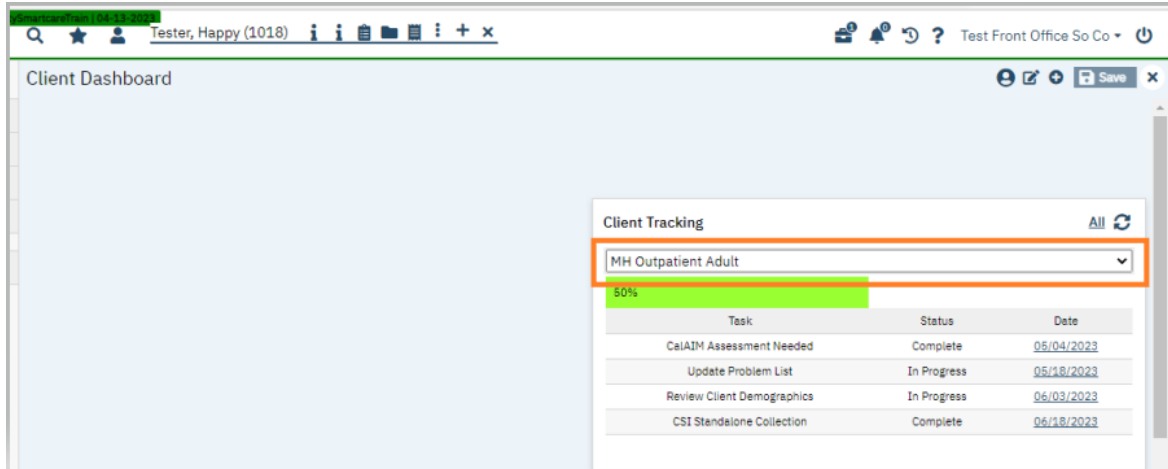
Paper items MH Front Office is to obtain, applicable to their program: Cost Agreement, ABN, Health Questionnaire- Optional; Short Sensory Profile (on paper)-Martha’s Place only, CHADIS Report (on paper)-Martha’s Place only, Caregiver Affidavit, Audio/Video Consent, PSC, Consent to Take Photo (if we are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

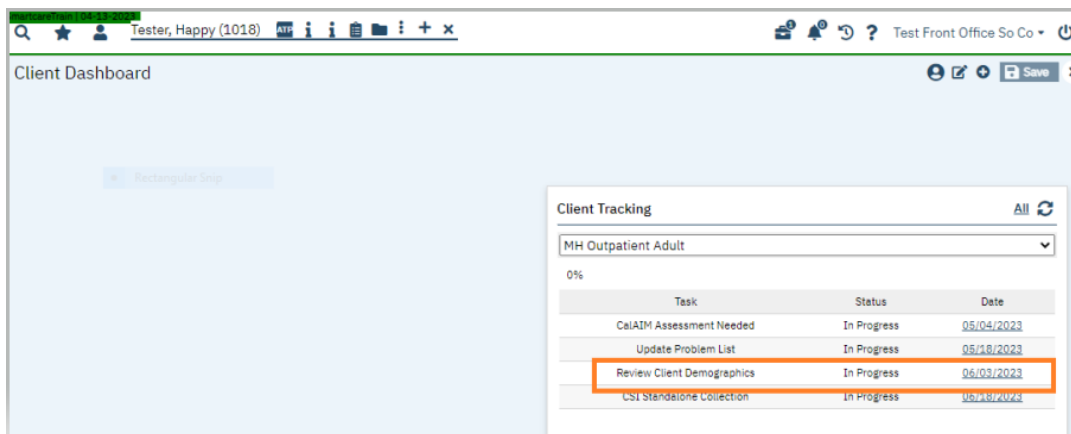
With the client open, search **Client Dashboard** and select **Client Dashboard (Client)**.



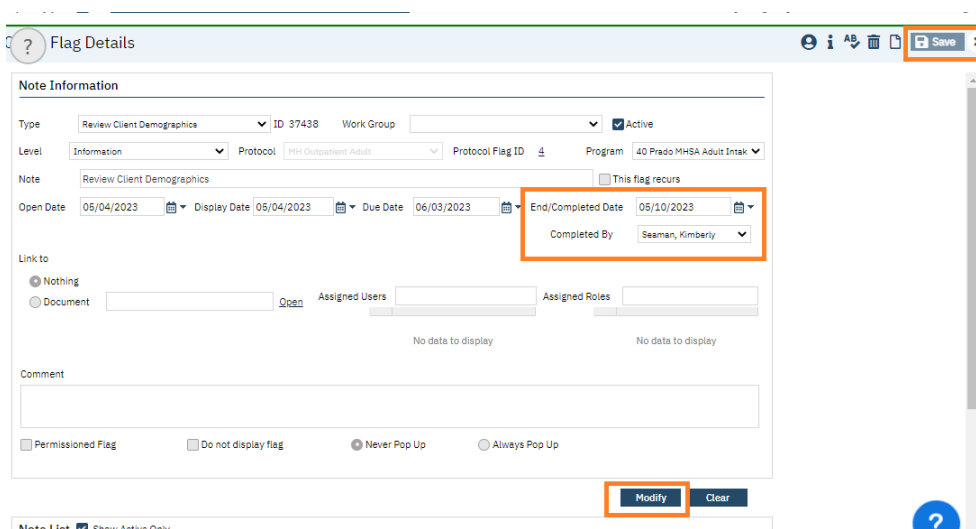
Navigate to the **“Client Tracking”** Widget and select your program from the drop-down menu. This shows you all the flags (tasks) associated with that program.



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.



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.

