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Workflow for Mental Health & Substance Use Disorder Program Requirements

This workflow is intended to be high-level and encompass most program requirements but does not cover all requirements for every service line. There may be service lines with additional contract or licensing requirements (i.e. client plans, extra consents, etc.) which must still be adhered to.

Things you want to do	MH – What is it Called?	SUD – What is it Called?	Pro Tip
Look up clients to see if they are in the system	Inquiries (My office)	Inquiries (My office)	Read the directions the first time; remember you will need to
yet.	DO NOT USE DISPOSITION SECTION	DO NOT USE DISPOSITION SECTION	search by name, DOB, and SSN before you can create a new client in the system.
			** Disposition is currently being configured to work with the new Care Coordination module that is being developed.
Schedule Client Services (if using Scheduler in SmartCare)	Staff Calendar (My Office)	Staff Calendar (My Office)	You can use appointment search (My Office) to search for appointments within a program.
Complete Timeliness Record (TADT)	- MH Non-Psychiatric SMHS Timeliness Record - MH Psychiatric SMHS	- DMC Outpatient Timeliness Record - DMC Opioid Timeliness Record	*NOABD to be completed if timeliness is unable to be met.
	Timeliness Record		**The exact location of this step in the provider workflow could vary depending on whether or not a client is admitted.
Screen client	N/A – Screening is only done by Optum ACL	Brief Questionnaire for Initial Placement – BQuIP (Client)	Screening will provide level of care and referral recommendations.
Admit client to your program	- Client Programs (Client) - Complete all Client Contacts	- Client Programs (Client) - Complete all Client Contacts	**Completing the client contact information is VERY important
Complete consents	- Coordinated Care Consent (Client) - Consent for Email Communication (Client) - Consent for Telehealth (Client) - Consent to Treat (Client) - Consent for Text Communication (Client)	- Coordinated Care Consent (Client) - Consent for Email Communication (Client) - Consent for Telehealth (Client) - Consent to Treat (Client) - Consent for Text Communication (Client)	Must use: Coordinated care consent as it allows for information sharing between all programs, including 42CFR Part 2 programs and mental health programs. All other consents are optional and should programs choose to use their own, they can scan copies into the system as needed.
Complete required State forms	- CSI Standalone Collection - California CANS (Client) - California Pediatric Symptoms Checklist (Client)	CalOMS Admission (Client)	MH: The CANS is only required for children (up to 20 years old); PSC is only required for children under 18 years old.

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Conduct assessment	- Mental Status Exam (Client) - Risk Assessment (Client) - Safety Plan (if applicable) - CalAIM Assessment (Client)	- CA ASAM (Client) - Risk Assessment (Client) - Safety Plan (if applicable)	MH: When you are done with the assessment, update the problem list at the bottom of the assessment. SUD: Conduct Assessment; ASAM includes the Tabacco Use Disorder Assessment in the Final Determination tab.
Identify if special population or client flag is required	- Special Populations (Client) - Client Flags (Client)	- Special Populations (SUD) (Client) - Client Flags (Client)	N/A
Establish diagnosis	Diagnosis Document (Client)	Diagnosis Document (Client)	Only LPHAs have access to the Diagnosis Document
Establish problem list	Client Clinical Problem Details	Client Clinical Problem Details	* To complete if NOT done during the assessment phase or not being done when completing the note.
Write a note	New Service Note	New Service Note	MH: EBP will be required to choose in the billing section. SUD: EBP will be set by BHS at program setup.
Discharge	- CalMHSA Discharge Summary - CSI Standalone Collection (Client) - Indicate Patient Status Code - Client Programs (Client)	 - CalMHSA Discharge Summary - SUD Discharge Plan (on paper) - CalOMS Update/Discharge (Client) - Client Programs (Client) 	** NOABD may need to be sent out depending on reason for discharge.