

UNIFORM CHART ORDER



Adult & Children's Specialty Mental Health Services

When EHR system is down or there are new staff pending access to the EHR, completion of required assessments and forms may be completed using provided BHS created form-fills or SmartCare down-time forms. Data and forms that are indicated as required to be completed in the EHR will need to be manually entered into the EHR as soon as system available for data entry. Data and forms not required to be entered electronically may be scanned into the EHR and maintained in the client's hybrid chart.

Section 1 Client Data

CSI Standalone Collection – must be entered electronically in EHR
Discharge Summary
MH Non-Psychiatric Timeliness Record (TADT) – must be entered electronically in EHR
MH Psychiatric Timeliness Record (TADT)– must be entered electronically in EHR

Section 2 Assessments

CalAIM Assessment
SmartCare Risk Assessment – optional as clinically appropriate
 Columbia Suicide Severity Rating Scale (C-SSRS)
Diagnosis Document – must be entered electronically in EHR
Problem List (Client Clinical Problems) – must be entered electronically in EHR
Psychological Testing and Evaluations – as applicable
PAF, KET and 3M – as applicable for FSP clients
STRTP Admission Statement – child/youth as applicable

Section 3 Outcome Evaluations

Child/Youth:

Child Adolescent Needs Survey (CANS) – CYF only, must be entered electronically in EHR
Pediatric Symptoms Checklist (PSC) – CYF only, must be entered electronically in EHR
Youth Transition Self Evaluation (YTSE)

Adult:

Recovery Markers Questionnaire (RMQ)
Illness Management and Recovery (IMR)
Milestones of Recovery (MORS)
Level of Care Utilization System (LOCUS)
Substance Abuse Treatment Scale (SATS-R) – optional

Section 4 Plans

SmartCare Safety Plan – optional, as clinically appropriate
Client Plan/Care Planning - documented within narratives of progress notes

Section 5 Utilization Management (UM), Utilization Review (UR) Request/Authorizations

Adult:

AOA Outpatient Utilization Management Form
Crisis Residential Treatment Program (START) Authorization Request

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Child/Youth:

UM Request and Authorization

Child/Youth Prior Authorizations as applicable:

Intensive Home-Based Services (IHBS) Prior Authorization Request

IOP/PHP Day Services Request Prior Authorization Request (IOP/PHP DSR)

Short-Term Residential Therapeutic Program (STRTP) Prior Authorization Request

Therapeutic Behavioral Services (TBS) Prior Authorization Request and Referral

Therapeutic Foster Care (TFC) Prior Authorization Request

Ancillary SMHS Prior Authorization Request

Section 6 Progress Notes

Individual Progress Notes

Service Note, Psych/Med Note, Shift Summary, Non-Billable Service Notes

Group Progress Notes

Day Program – IOP/PHP, STRTP, TFC

Section 7 Medical

Psychiatric Assessment – not a standalone assessment, documentation in psych/med note

Vital Signs, Weight, Height Record – optional

Medical Conditions

Abnormal Involuntary Movement Score (AIMS) – adults only

All Medications/Medication Information

Informed Consent for the Use of Psychotropic Medication – document electronically in EHR

Application & Order for Authorization to Administer Psychotropic Medication – JV220 (CYF)

Laboratory Results

Physician's Order Form

Coordination with Primary Care Physician & Behavioral Health Services

Advance Directive – as applicable

Section 8 Administrative/Legal

Consent to Treat

Dependents: Ex Parte or Court Order, as applicable

Coordination of Care Consent (MH/SUD authorization to disclose) – electronically in EHR

FSP Agreement

Authorization to Use or Disclose Protected Health Information

Notice of Privacy Practices Acknowledgement (may be part of Consent to Treat)

Advance Directive Advisement (may be part of Consent to Treat)

NVRA Voter Registration – 18yr+

Assignment of Benefits – must be entered electronically in EHR

Request for Access and/or Copy of Protected Health Information

Authorization for Use or Disclosure of Health Information to School Districts – child/youth

All other Consents, Authorizations

Section 9 Pathways to Well-Being – child/youth only

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Pathways Progress Report to Child Family Wellbeing
Child/Family Team (CFT) Referral Form

Section 10 **Interagency/School Reports**

Section 11 **Correspondences – Received/Sent**

Section 12 **Previous Treatment Records**

Previous Treatment Services
Residential placements
Hospitalizations