SmartCare Directives Table

Service	Description
Appointments	There is a way to know if client is attending appointment via phone or zoom when on the widget appointments for today, click on the time and it will take you to the note showing the location of appointment or hover over appointment and it will show you the location.
Appointments	When scheduling service appointments do not complete the "Attending" field. This will automatically add staff to the client's caseload.
Client Preferred Name	Can be entered in the client information screen under Aliases by Access or clincal staff whoever asks first or receives the information from the client. If client does not provide a last name add a "-" in this field to be able to continue.
D/C	For overturned appeals ensure to re-enroll client.
Demographic Information	Any staff (clerical and line staff) can make changes to demographic info (address, phone, etc.) as soon as informed by client.

SmartCare Directives Table

Service	Description
Diagnosis	Diagnosing staff are to enter diagnosis in the Diagnosis Document (Client) or Billing Diagnosis. Staff can also update/add diagnosis through the Diagnosis tab within the progress notebut still needs to be entered in the Diagnosis Document (Client). Drs. & clinicians enter diagnosis througth the Diagnosis Document; including updates. MHRT's/Nurses can enter z-code (z55-z65) through progress notes does not default to other progress notes/problem list, does not default to billing. Adding/Updating a diagnosis need to completed in the Diagnosis Document (Client) screen.* Note: The Diagnosis Document(Client) screen and the Client Clinical Problems Details screen are seperated screens and are no associated to each other. It is recommended staff add diagnosis in both screens to maintain a consistent recorded that is clearly visible when completing notes and visible Diagnosis Document (Client) screen.
Initial Assesment	CalAIM Assessment. Narrative for each domain does not need to be extensive, the information needs to be specific and concise. Complete a brief progress note for billing purposes (with date of CalAIM Assessment if next day doc).
Medical Record Programs for (MH) and (SUD)	Once beneficiary has been discharged from a program, the program can no longer add/scan document. A Medical Record Program for MH and SUD programs was created for the purpose to scan/ save documents for beneficiaries who have been discharge from the programs. Within 60 days client has been discharge staff can scan documents)
MHRT Calendar	MHRT's to use the calendar to schedule client contacts including last minute services (as a service-requires a progress note) or can schedule meeting(s) or non clincal activites/events (as a calendar entry only).
No Show	Staff should mark a no show, it will disappear form their calendar but the history will remain the same and reception view will still be available (Supervisor /Clerical can view) Same day no show will be updated by providers.Clinical staff will be in charge of changing status.

SmartCare Directives Table

Service	Description
Obtain Client Signature	Once in the document requiring client signature click on the + located on the top right of the screen. This will display document versions, signed by information and option to *Add Co-Signer(s).* Select the client's name and click on co-sign. In the dialog box, select the applicable sign option and have client proceed with signing. Then click *Sign* .This will update the document to now display the client's signature. (Guide Available)
Past Service Note	Next day documentation should only be on rare occasion. The total time for the service provided (service, doc, travel) should be as a service on the calendar for the date of service (do not split the minutes). A time slot should be blocked for the next day as a calendar event with a note/code next day documentation. When writing the late note, MHRT to go back to the original day of service and document on that service in the calendar. Note must be approved by a Supervisor.
Problem List	Staff will need to enter the Problems for each client in the Client Clinical Problem Details screen. Problems need to be added/updated through the Client Clinical Problem Details screen, or they can be added/updated from within the Service Note (Client) screen. This is seperate from diagnosis document.
Program Enrollments	When enrolling program on he *Program Assignment Details* via the "Client Programs (Client)" screen, do not inlcude staff on the "Assigned Staff" option as it will automatically assing staff to client's caseload. If a client is not "Enrolled" in a program, staff will no be able to access or create notes for that client. Staff can access the Client Programs (Client) screen to view program status. Staff can select the program "Status" and make changes in the Program Assignment Details screen as appropriate. To upload or scan document onto a client's chart, the client must be "Enrolled" in a program first, otherwise staff will be unable to select the appropriate program to scan documents. To discharge a client from a Program, staff will need to access the *Program Assignment Details* screen via the "Client Program (Client)" screen. Staff will then need to change the "Enrolled" status to "Discharged" and include a discharge date.Staff need to end date on treatments and then discharge.
Progress Note	Continue with individual note until it is determined if a team note can be created. Ensure to route to a Supervisor to co-sign as currently doing.

SmartCare Directives Table

Service	Description
Transfer Document	For Program transfers, staff can create a progress note, "sign" note, and then add a co-signer (which could be the accepting Clinic Supervisor). This will prompt for the accepting clinic to review note and complete co-signing in acceptance. If Supervisor declines co-signing, then it is recommended that the Supervisor send a message within Smart Care to originating clinic Supervisor, notifying reasosn for declining note (transfer).
Transfers (Diagnosis entry)	Supervisors will complete the Diagnosis Document upon acceptance of a transfer, with the exception of Mental Health Triage Unit & Engagement Services who will continue to have Clinician's enter the diagnosis.(Guide Available)The effective date of the diagnosis being transferred from previous program should be the orginal diagnosis. The admitting team will have the responsibility to continue reassesing to make sure no change of diagnosis.

Updated 6/06/2023